TIMES REGISTER.

A Weekly Journal of Medicine and Surgery.

Published under the auspices of the American Medical Press Association. EDITED BY WILLIAM F. WAUGH, A.M., M.D.

Philadelphia Medical Times. Vol. XX. No. 570.

The Dietetic Gazette. American Medical Digest.

The Polyclinic.

The Medical Register. Vol. VI. No. 136.

Yearly Subscription \$3.00 in advance.

NEW YORK AND PHILADELPHIA, AUGUST 10, 1889.

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FORMILLA

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Ten minims of th	e T	onic	con	tair	the	equ	iiv	alents (accordi	ng to the form	ulæ	of	the	U. 8	S. P.	an	d D	ispe	nsa	or	y) of:
Tinct. Nux Strychnos " Ignatia Amara									Tinct. Gentia	an		:	:	:	:	:		:		1/2 minims.
" Cinchona			:		:	:	:	4 "	Phosphorus, Aromatics	C. I										1-300 gr.
DoseFive to to	en d	rops	in	two	tab	lesp	001	afuls of water.												

INDICATIONS.

PARALYSIS, NEURASTHENIA, SICK AND NERVOUS HEADACHE, DYSPEPSIA, EPILEPSY, LOCOMOTOR ATA-XIA, INSOMNIA, DEBILITY OF OLD AGE, AND IN THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

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An old gray-haired man has been going among the churches of Boston "speaking in meeting." Among his roubles he says the has lately had the cholera infantum.

ANOTHER elsewhere told that the Lord had taken his wife but this was not so great a loss as he had a grown up daughter left, "but it pleased the Lord to take her from him also and now he was left alone in the world with no woman to lay his jaws to."

As a diet, Nestle's milk food will render valuable service in treatment of dysentery, cholera infantum and typhoid.

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BRIGHAM YOUNG'S MISSIONARY in Europe passed a onelegged man whom he told that if he were a Mormon in Utah, they would work a miracle and make him a new leg. This took and not a great while after, a man with one leg presented himself to Brigham to have the promise made good. "Very well," replied the prophet, "come to my place to-morrow morning when I shall be surrounded by my apostles and we will work the miracle and make you the new leg." At the appointed time the hobbler came into the august presence upon which Brigham turned to the apostles and told them that this man had come from Europe to have a new leg and he was to work a miracle and make the leg that morning, to which they assented. When just ready to begin Brigham said to the man, "Before we work the miracle and make you the leg, perhaps I ought to inform you that the Mormons believe in the resurrection-that the body which dies will come up again; you will come up again, and that leg you lost in Europe will come up again and, if we now work the miracle and make you a new leg, that will come up again, so it is for you to choose whether you will get along with one leg and the peg leg for the rest of your life and have but two legs in the other world, or whether you will have two legs the short time you are to live here and then have three legs in etern-It is safe to say the miracle was not wrought. ity."

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These tubes have large holes, one-half inch apart, arranged alternately on opposite sides.

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No.	5,	44	102	4.6	66	9	66	7	66	-	-	-	-	I	70	66
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No.	7.	66	126	66	44	10	66	9	66	-	-	-	-	2	10	44

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Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

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This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically

"I therefore asked a well-known gentleman of this city, if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. It is the Health Restorative Co.'s preparation. (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritat on of the stomach and make it receptive of food. In extreme/cases, where the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

FEBRICIDE.

Under the name of FEBRICIDE we offer to the Medical Profession, in the form of pills, a complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power.

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

terms to the Medical Faculty.

N. B.—The pills being made without excipient, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

consequently of great advantage where prompt medication is required.

Dr. R. C. McCurdy, of Livermore, Pa.: Have used FEBRICIDE in two cases with grand results. In one case of sick headache it acted immediately.

Dr. A. J. Rogers, Juniata, Neb., writes: Your sample of FEBRICIDE, had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyper asthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt auxthing of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febricide in case of childbed fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febricide the change was like magic."

Br. C. E. Dupont, of Grahamville, S. C.: "Febricide has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxemia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

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Natrolithic Salt is the solid constituent of the Natrolithic Water, and contains: Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

DEAR SIRS: I postponed writing you regarding the Natrolithic Salts until I had given them a thorough trial. Feeling confident now that they have stood a rigid test, I feel it my duty to inform you as to the results. I have used the Natrolithic Salts in fourteen different cases, and they have fully supported all your claims and even more. In two severe cases of gastro-intestinal catarrh they acted very satisfactorily, not causing the dis agreeable nausea and depression which accompanied the use of other laxatives. Their action was admired by my patients and also by myself. one case of habitual constipation, which seemed to resist all the usual remedies, I gave the Salts, and as usual with gratifying results. As I hereto fore stated, I like their effect on the system. They are pleasant to take. There is no nausea or depression; no languor or loss of appetite when their action is completed. In cases of exhausted vitality, where constipation exists, I have also tried them with the same good results. In removing indigestible food from the alimentary canal—a common complaint during the hot weather—I prescribe them daily, the action on the bowels being quick and the relief correspondingly prompt.

I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully, ELIAS E. WILDMAN, M.D.

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This drug was brought forward by M.M. Dujardin Beaumetz and Bardet who have employed it for the past ten months in the treatment of rheumatism, lumbago, sciatica, neuralgia, and, in fact, whenever an analgesic was indicated.

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The dose is low, two to six grains.

Full notes on the uses of Exalgine sent on application. McK. & R. Exalgine Pills are 2, 3 and 5 grains.

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The value of glycerin as a mild evacuant—useful alike in constipation, and in prolapse and diarrhœa—has led us to prepare suppositories of pure glycerin, which we offer to the medical profession as a convenient means of administering this agent.

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application.

Can be procured from any druggist, or a box of one dozen will be sent by mail, to physicians, on receipt of thirty cents.

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MINE	RAL	MA	T	T	E	R							3	66
CHLO	RIDI	E of	S	01	DI	U	M	a	dd	ed	١.		1/2	44
PHOS	PHA	TES	3 6	of	L	IN	ИΙ	£ :	ad	de	d		1/2	66
MOIS	TUR	E.											3	44

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During the past season a large number of eminent Physicians and Chemists visited our Laboratory at Goshen, N. Y., and witnessed!every detail connected with the production of Carnrick's Soluble Food. This invitation to witness our process is continuously open to Physicians and Chemists. All expenses from New York to Goshen and return will be paid by us. The care used in gathering the milk, its sterilization, and the cleanliness exercised in every step, cannot be excelled. Soluble Food has been improved by increasing the quantity of milk sugar and partially replacing the milk fat with cocoa butter.

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A SEDATIVE, NERVE AND BRAIN FOOD.

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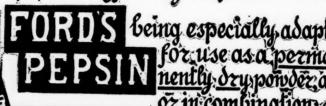
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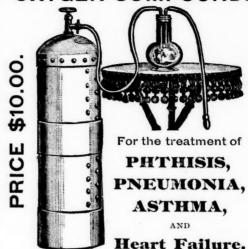
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NEW YORK AND PHILADELPHIA, AUGUST 10, 1889.

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Clinical Lecture.

SURGICAL CLINIC.

Delivered at the Medico-Chirurgical College of Philadelphia.

By H. FARNEST GOODMAN, M.D.,

Professor of Surgery.

(Reported by JOHN W. CROSKEY, M.D., Chief of Clinic.)

ENTLEMEN: I bring to your notice two interesting cases to-day, and again call attention to the fact of the importance of attending all clinics, as a failure to see cases of disease and injury, is a loss you may never be able to make up, while didactic lectures may be shaken, with the knowledge that they may be made up from the text books we recommend to you. Surgery requires a knowledge of what our masters knew and have taught, and aside from this it requires personal observation and experience only obtained from the bedside.

The more faithfully you attend the clinics, the more cases you see and study, the sooner you will become experts and be looked up to as masters in our wonderful art.

What is the meaning of the suffix oma? Mr. Blank answers that it is a Greek termination, inseparable, which added to a stem makes words designating tumors formed as the result of morbid processes, and malignant growths of all kinds.

Now to make this knowledge of the meaning of the suffix oma useful, you must know your anatomy to get the stem; knowing your anatomy, if you will consult the charts on the walls you will see that you

have a knowledge of the names of all tumors that flesh is heir to. These same remarks apply to all the prefixes and suffixes which go to make up the language of medicine and surgery.

The first case is an oma, its stem angi, meaning vessel; hence we have angioma, a blood tumor, or one caused by a morbid process in the bloodyessels.

You remember Mr. T., and how we removed, assisted by Prof. Montgomery, one and a half pounds of angiomatous tissue from his right lumbar region, extending down to his thigh. How we controlled hemorrhage by the use of Prof. Pancoast's long pins run under the tumor in various directions and surrounded by a strong ligature; how tedious the operation, because of the many bleeding points; how thoroughly antiseptic the operation was, with the constant irrigations of sodium silico-fluoride; except two or three unwashed hands that were called in later in the operation as aids; how secondary hemorrhage occurred the first night, which was relieved by pressure; how the drainage tubes got pulled out accidentally the second day; how sapræmia supervened, the fever always running down after irrigation of the wound, and being finally subdued by two daily irrigations; how firm was the union by the so-called first intention in the cut, and how now he presents himself before us to-day well, save a little inflammatory thickening under the scar near the spine.

What lessons do we learn from this case, and what mistakes did we make? It is well to tell of our mistaks, as well as of our successes. Hippocrates did so and was commended for it by Celsus. Our mis-

takes were to allow unwashed hands to handle the wound; the pins were not sterilized and their punctures were the first points of suppuration; the hemorrhagic clot should have been removed the day following its occurrence, if not at the time, and all the usual antiseptic precautions gone over again; the resident should not have pulled out the bundle of cat-gut drainage.

Now this man has gotten well in spite of our mistakes. You ask why? and I tell you that although we admit they were mistakes they were not radical ones, and the patient was also a good one for an operation. His moral tone was good, he was gentle, pleased with all that was done for him, could chew a little tobacco all through his sickness, was not too fat or too thin, good vigorous age (twenty-five years), no syphilitic taint, nor had he been exhausted by debauches. Any surgeon seeing him would say he would get well after almost any operation. I would have picked him out during the late war as a fine specimen of a man for any amputation. His internal treatment was milk punch and beef juice every four hours; the latter made from four pounds of lean beef daily; iron and quinine; with an occasional dose of antipyrin to lower the temperature, when it ran up to 103 or 104.

The second case is another oma; as it occurred upon the epithelium of the lip, we call it an epithelioma. In this case it is caused by a malignant growth. Many of you will recall Mr. S., who, about one year ago, had a wedge-shaped piece removed from his lower lip, containing a tumor which our microscopist pronounced cancer. The tumor again made its appearance in six months, when he returned to the clinic thoroughly dissatisfied with the operation. I urged another operation, which he indignantly refused, saying that a knife should never touch him again. He presented himself before you three weeks ago with a raw tumor involving the lower lip, as large as a hen's egg. Said he had been treated with salves by a Mrs. Hinkle, a drawing salve and soothing one. You remember his pallor, the offensive nature of the tumor, with dribbling of the saliva. He begged for another operation, which was done after the manner of Syme and Serre. I will recall the operation to you. The principle of Syme's operation is to leave the central part of the chin undisturbed. The incisions were from the angle of the mouth down to each side of the prominence of the chin, crossing just above that prominence, then curved in a line with lower margin of lower jaw to angles. As you will recollect, the cancer extended well up in the angle of mouth, left side. Serre's modification of taking a triangular piece from this side was followed. After the flaps were thoroughly dissected up and all the bleeding points ligated with catgut, they were then brought together with hair-lip pins, run nearly through the cut edge, but never entering the mouth cavity, and then further closure of the wound was made by black (No. 5) silk interrupted sutures.

Now, the technique of this operation was antiseptic as far as possible, and I have often told you that operations about the mouth are of necessity not always antiseptic. You will recall many severe

operations in oral surgery by Prof. Garretson, made without antiseptic precautions, and all wonderfully successful. You ask why is this, and I tell you that all authors in surgery agree that wounds heal more kindly nearer the center of circulation than at a distance, and where tissues are better supplied with bloodvessels. The face is rich in bloodvessels, and wounds of the face heal rapidly, and this one is no exception to the rule, as it healed up in three days' time without a drop of pus. The only dressing used was collodion and iodoform, which is a favorite of mine for all small wounds, particularly about the face. You see there remains some little thickening at the right side of the mouth, but which is getting softer, he says. For fear this very radical operation has not removed all the cancer cells, we will suggest that he go to Dr. Walling three times a week for the continuous galvanic current; which seems to have the reputation of reducing morbid and malignant omas, and in my hands has been a benefit to the fibromas of the prostate.

Original Articles.

PULMONARY HYGIENE.

(An Address prepared for the meeting of the Pennsylvania State Medical Society, in Pittsburgh, June 4, 1889.)

By THOMAS J. MAYS, M.D.,
Professor of Diseases of the Chest in the Philadelphia Polyclinic and
College for Graduates in Medicine.

UR power of prevention is measured by our knowledge of the causation of disease, and I trust, therefore, that I will be pardoned if, instead of following the customary plan of reviewing the science of hygiene during the past year, I shall undertake to discuss the important question of pulmonary hygiene. When we reflect that through hygienic errors of omission and of commission, the lungs are far more liable to disease than any other part of the body, and that they are the channels through which nearly one hundred thousand lives are annually sacrificed in this country on account of pulmonary consumption alone, I feel confident that you will grant me this indulgence, if, as I hope, I will be able to add something which will at least tend to increase our store of knowledge in regard to the production and prevention of this disease.

At the very outset I shall briefly consider a few points in the anatomy and physiology of the respiratory organs. The lungs are enclosed in a bee-hive shaped cavity called the chest, the sides of which are composed of ribs, muscles, and skin, and the floor of a broad, movable, and elastic membrane called the diaphragm. The lungs derive their nerve supply from the pneumogastric and the diaphragm from the phrenic nerves—the peripheral branches of both uniting in a ganglion on the abdominal portion of the vena cava. The pneumogastric is a nerve of motion and of special sensation to the lungs, and regulates the respiratory function, and on account of being the most vital nerve in the body, it plays a most important rôle in the production of pulmonary disease.

Now, it is the universal experience of the medical

profession that in by far the largest number of cases pulmonary consumption begins in the apex of either lung. Under these circumstances one is naturally led to ask why the apex is so susceptible to, and the middle and lower portions of the lung enjoy such exemption from, the onset of this disease? This elective action of the malady is, as I shall endeavor to show, partly due to the shape of the chest and to the arrangement of the bronchial tubes, and partly the result of artificial influences to which the chest is exposed. These tubes are divided in such a way that they conduct the air chiefly in a downward direction toward the base of the lungs, hence, the lower part of the chest is filled first with air, and the apex last, or not at all, except during a deep inspiration. This partial filling is also due to another cause. Prof. Mosso has proven by experiment that we possess nearly one-fourth more breathing space in the lungs than is actually necessary to carry on the processes of life. This may be regarded as a very wise provision of nature to guard against certain exigencies of life, as when, for example, in pneumonia, capillary bronchitis, etc., a portion of lung tract is impaired, or when, as in ascending high mountains, larger air space is required on account of the attenuated condition of the atmosphere in such regions; but it is also very evident that under ordinary conditions of life near the sea level, this lavish supply of lung material becomes a source of great danger to its possessor. For if the air capacity of the lungs exactly equalled the oxygen demands of the body, it is quite obvious that the whole lung surface would be actively engaged in supplying air, and would, in consequence, be well inflated; but if three-fourths of the lung surface is able to perform the work of the whole, then one-fourth remains more or less idle; and this part is the apex, which, on account of the lack of exercise, in consequence of defective inflation, becomes weaker, while the active parts become stronger.

The truth of the matter, however, is that the extraordinary size of our lungs is not a wise provision of nature which protects us against the accidents of disease, etc., but it is due to the fact that as such they have been transmitted to us from our savage ancestors; who, in consequence of their active outdoor pursuits of hunting, fishing, etc., were compelled to have a larger lung surface to satisfy the greater air-hunger of their bodies than we do who follow the more quiet and sedentary callings of a higher civilization. The truth of this proposition is confirmed by the fact that during inactivity a man breathes 480 cubic inches of air per minute, and while walking at the rate of four miles per hour he breathes 2400 cubic inches, and if he walks at the rate of six miles an hour he takes in 3260 cubic inches of air per minute. The difference between 480 and 2400 cubic inches air capacity shows that during the exercise of walking even at the rate of four miles an hour, five times more lung surface is employed than during rest, showing conclusively that bodily activity enhances the expansibility not only of the apex, but also of the whole pulmonary

Further proof that a lack of apex breathing is often

responsible for the beginnings of consumption is found in the fact that the female is less liable to this disease than the male in civilized life. This I have shown from a large mass of statistics in a paper entitled Female Dress as a Determining Factor in Consumption, and which was published in the Medical News for January 7, 1888. It is well known that the female breathes chiefly with the upper portion of her lungs, that the male has but very little movement here, unless it is especially cultivated, and that he breathes principally with the lower part of his lungs. The former is known as the costal, and the latter as the abdominal type of breathing. This difference in breathing between the two sexes is undoubtedly acquired through the mechanical influence of clothing, and is not original; as may be judged from data1 which I recently obtained from an examination of the chest movements of the Indian female. It was there found that the costal respiration is absent in the full-blooded Indian, and that she possesses a strongly marked abdominal type of breathing, similar to that of the civilized male. The female savage wears but very little, if any, tight clothing around her abdomen, and hence, does not interfere with the abdominal movements, while the civilized female is addicted to the use of stays and tight clothing, which by restricting the abdominal breathing, produce a compensatory motion in the apex of the lung and bring about that fulness in the upper part of the chest which is characteristic of the civilized female. Leaving out of consideration the fact that the female has more costal motion than the male, there is nothing whatever in her condition to account for her greater exemption from consumption. She has everything else against her in this respect. She has the smaller lung capacity, and is the weaker of the two sexes; she, for the most part, leads a sedentary and quiet life, and is engaged principally in indoor occupations, and is thus constantly exposed to causes which are known to give rise to the disease in the male, as is well attested by the statistics contained in the report of the Rhode Island Board of Health for 1884. Here is found the mortality rate from consumption, among the two sexes, as it occurred in a variety of occupations during a period of twenty-five years, which, when proportioned to the whole number of each sex employed in each occupation, give the following results: Male nurses 1:42, female nurses 1:100; male teachers 1:9, female teachers 1:29; male cigarmakers 1:13, female cigarmakers 1:51; male operatives 1:44, female operatives 1:76; tailors 1:11, tailoresses 1:31. Moreover, in estimating the factors which differentiate between the two sexes in this respect, we must not leave out of view the fact that while the female suspends nearly all her wearing apparel from the abdomen and hips, the male supports all his clothing from the shoulders, and by thus encasing the upper end of his chest he adds another influence which tends to diminish his apex motion and which increases his liability to consumption.

¹ An Experimental Inquiry into the Chest Movements of the Indian Female. *Therapeutic Gazette*, May, 1887.

From these facts it may be safely inferred that defective apex expansion is one of the most prolific predisposing causes of pulmonary consumption, and it is in a great measure due to it that our clerks, telegraph operators, tailors, shoemakers, etc., who habitually become stoop-shouldered and flat-chested, furnish such a large contingency to the army of consumptives. I think it may be laid down, as a rule, that all apex-consumptives suffer from imperfect apex expansion, although the reverse is not necessarily true. Such individuals are, however, in constant danger of falling victims to the disease, especially if their general vitality is depressed to a point from which it reacts with difficulty against incidental disturbances, like colds, malaria, and other diseases. Many consumptives trace their whole trouble directly to a cold, and although "having taken a cold" is an expression which enters more frequently into common parlance than any other, yet I do not know another term to which there is less meaning attached than to this. A cold, as I take it, is chiefly a shock to the nervous system, in the chilly stage of which the peripheral, visceral, and vasomotor nervous systems are markedly affected, the capillaries and bloodvessels contract, the blood pressure rises, the surface of the body is cold, although the thermometer registers an elevated temperature. So soon as the primary effects of the shock have passed off, there follows a relaxation or paralysis of the same nerves, the blood again comes to the surface, and sweating more or less profuse, or some other flux may occur, after which the body will return to its normal condition again, provided the bodily reaction is good. But if any part of the body is already weakened, the effects of the shock will be felt more keenly here than in any other area, and the strong tendency will be towards the establishment of permanent disease. In the lungs, under these circumstances the product of the nerve-shock manifests itself, as it does in all organs with mucous surfaces, in the form of a catarrh; which usually selects the apex, because, as we have seen, the nutrition-tone of this locality is already lowered by reason of its previous functional inactivity.

That catarrhal inflammation is a common sequence of nerve affection is well demonstrated in trigeminal neuralgia; where all the mucous surfaces which are supplied by this nerve, like those of the eye, nose, mouth, and tongue, assume the catarrhal condition, and there are cases on record in which the neuralgia was of sufficient intensity to produce inflammation and ulceration of the cornea—a condition similar to that which has been produced by Magendie in the rabbit by dividing the fifth nerve near the Gasserian ganglion. Now, here is one point to which I desire to draw special attention in this paper, and that is that we do not give sufficient consideration to perverted pneumogastric action as a factor in the production of pulmonary disease. We implicitly accept the teaching that no organ can preserve its integrity if its supplying nerve is diseased, but when we come to apply this principle of reasoning to the lungs in a state of phthisical degeneration, our intellect becomes dazzled by the bacillus theory and falls a prey to the

strangest fancies and inconsistencies. This is astonishing, indeed, when it has been proven by a large number of experiments that by dividing the vagi, pneumonia of the catarrhal type, even to the extent of caseation, can be produced in animals, and that phthisis is continuously produced, and we have reason to believe, on a large scale, in the human being through the same channel. In a paper which I contributed to the Medical News for May 25, 1889, I supply reference to eighty-four cases (the clinical histories of which are in my possession) where vagus degeneration, brought about by the pressure of tumors, aneurism, by neuritis, etc., had caused various forms of pulmonary disease, such as ædema, bronchitis, pneumonia, and phthisis, thirty-seven of which belonged to the last classification; and it has been shown, too, by Dr. A. Lewin (Beiträge zur Pathologie der N. Vagus, Dissertation, St. Petersburg, 1888) that in the post-mortem investigation of twenty cases of phthisis he found the vagus diseased in every instance. We have, therefore, a definite record of fifty-seven cases of pulmonary phthisis dependent on vagus disease, besides that of many other forms of lung disease due to the same origin. Moreover, the vagus is not the only nerve which is involved in phthisis, for Dr. Jappa (Zur Frage über die Veranderungen der peripherischen Nerven bei Sclewindsucht. Neurologisches Clbt. Bd. 7, 1888, p. 425) found the peripheral nerves degenerated in the bodies of fifteen persons who died of pulmonary tuberculosis, and the same condition existed in quite a number of my own collection of cases, and this too in spite of the absence of any other symptoms than those which are commonly found in this disease during life. From these facts we learn, then, that not only the pneumogastric nerves, but the whole peripheral nervous system, as well, are seriously involved in the process which is known by the name of pulmonary consumption; and it remains now to show some of the causes which we know are actively engaged in destroying the integrity of these nerves and, therefore, in producing this disease. First among these causes I would place alcohol, not, perhaps, because it is more potent than many other causes, but because its action in this particular has been more thoroughly investigated. It goes without saying that the existence of an intimate relation between alcoholism and phthisis has long been suspected by those who are most familiar with these diseases. Let those who have any doubts on this point cast a retrospect over the family histories of the cases of consumption within their knowledge, and ascertain how often alcoholism prevailed either in the immediate or remote ancestry of their patients. I am convinced that this condition obtains quite largely among those who frequent our hospitals and dispensaries, and an abundant experience teaches me, too, that the evil is not confined to this class alone. In some of the districts of Paris, Dr. Alison1 found that about one-third of those who suffered from consumption were also inebriates. It is not my purpose to weary you with reciting the records of such cases in order to illustrate this associ-

^{1 &}quot;Archives Generales de Médecine."

J. B., aged forty-two, began the excessive use of spirits after the death of his wife. He was a merchant, temperate, prosperous, and a man of character, but became a steady drinker, and was practically intoxicated all the time. His mother and two

ation, but a few typical ones1 will, I think, suffice.

tically intoxicated all the time. His mother and two sisters died of consumption. His father died from injury, but his grandfather was asthmatic, and used spirits to excess for years. One uncle on his father's side died from excessive drink, and another one died of consumption. One uncle died from phthisis after many years of alcoholic abuse. His grandfather on his mother's side drank more or less all his life, and

died from some rheumatic trouble.

C. H., aged forty-eight, an army officer, began to drink during the late war. His mother died of consumption two months after his birth, and his two sisters died of the same disease. His father's family is temperate, but several members have died of consumption. His grandfather on his mother's side was

a sailor, and drank to excess at times.

George Ulmer came from England, in 1798, and settled at New Haven, Conn. He was a harnessmaker, a beer-drinker, and after middle life drank rum to excess, until death at sixty-one years of age. His wife was a healthy woman, and lived to eighty years of age. Eight sons grew to manhood and married. Six of them died of consumption under forty-five years of age. One was killed by an accident, and one died from the excessive use of spirits. Two daughters grew up and married; one died of consumption, the other in child-birth. They left four children; two were inebriates, and the others were eccentric and died of consumption. Of the children of the eight sons only ten grew up to manhood. Four of these drank to excess and died. Three of the six remaining died of consumption, and two others were nervous invalids, until death in middle life. The last one, a physician of eminence, has become an inebriate and is under care at present. He is the only surviving member of all this family. The male members of this family were farmers, tradesmen, and men of more than average vigor in appearance. They married women (so far as can be ascertained) without any special hereditary history of consumption or inebriety. (Dr. Crothers, Journal of Inebriety, October, 1888, p. 390.)

Now, it has been well established that alcohol has the power of causing a general peripheral neuritis in those who are addicted to its abuse, and it is in virtue of this power to disintegrate the pneumogastric nerves and the respiratory centers that it produces pulmonary consumption. The truth of this proposition I shall endeavor to show from the post-mortem records

of the following abstracts of cases:

(Prof. Schultze, Virchow's Archiv, Bd. 108, Heft. 2; Neurologisches Clbt., Bd. 6, 1886, S. 271.) Male, thirtynine years old, developed diabetes insipidus in 1882, and was addicted to alcoholic excesses. Some time after 1882, he began to suffer from nystagmus, tremb-

(Prof. Strümpell, Arch. f. Psych. u. Nervenk., Bd. 14, S. 339.) Male, forty-seven years old, a potator, was admitted November 25, 1881. Large and powerful frame, but both of his arms hang helplessly by his side; hands cedematous, skin and tendon reflexes wanting; legs weak and powerless; after a while cedema of lower extremities, cough, diarrhoea, dyspncea; bronchial râles, paralysis of diaphragm and death, February 13, 1882. Section: Marked tubercular phthisis of both lungs. The radial, median, crural, and sciatic nerves were degenerated very decidedly, and Dr. Strümpell believes that the vagi and phrenics were also involved, although he failed to examine them very closely.

(Drs. Oppenheim and Siemerling, *Ibid.*, Bd. 18, S. 114.) Male, twenty-six years old, a potator, was admitted into Charité Hospital, January 17, 1881, on account of delirium tremens. He complained of headache, giddiness, and formication. On July 28, 1883, he suffered from complete impotence, lancinating pains, and rectal tenesmus. In August, he became subject to polydipsia and polyuria; on December 12, there was dulness in left supra-clavicular fossa, and infiltration of both apices, and tubercle bacilli were found in the sputum. He died the following August. Microscopic examination showed degeneration of the medulla oblongata, and of all the peripheral nerves that came under observation.

(Dr. Oswald Vierordt, Neurologisches Clbt Bd. 5, S. 421, 1886.) Male, aged thirty, much addicted to alcohol, and without a syphilitic history, suffered since March, 1884, with piercing, lightning pains in the lower extremities, as well as with weakness, unsteadiness, and formication in the same. He also developed phthisis and died the following March. Section: Pulmonary phthisis, and degeneration of the medulla oblongata, and the cervical and dorsal por-

tions of the spinal cord.

(Prof. Thomsen, Arch. f. Psych. u. Nervenk., Bd. 19, S. 191.) Male, aged forty-seven, a chronic alcoholic, was received, October 13, 1886, with delirium tremens. He was dizzy, unsteady in gait, but had no paralysis. Since the previous August he suffered from dyspnœa, distress in chest and in throat. Death occurred October 29. Section: Catarrhal phthisis. Cranial nerves somewhat grey. The nucleus of hypoglossus degenerated. The condition of the vagus root could not be definitely ascertained.

(Mr. Sharkey, "Trans. Lond. Path. Soc.," 1888, p. 27.) A female, addicted to the excessive use of alcohol, suffered from weakness, numbness, and cramps in the lower extremities, as well as from incoherence of speech. Respiratory sounds were harsh, and a few days after admission she had a rigor which

ling in the arms, perversion of sensation (paræsthesia) in the legs, and from thoracic constriction. In 1886 violent attacks of dyspnæa developed, and death occurred in consequence of paralysis of respiration. Section: Degeneration of medulla oblongata and spinal cord, as well as that of the root of the vagus and hypoglossus. No account of the lung condition is given, but it is evident that these organs were deeply implicated since death occurred through pulmonary paresis.

¹ These cases are abstracted from a paper on Alcoholism and Pulmonary Consumption which I contributed to the *Journal of Inebriety*, April, 1889.

was followed by a temperature of 102.8°, after which severe attacks of dyspnœa, paralysis of the diaphragm, and difficulty in swallowing occur. Respiration 40 per minute, and pulse-rate 140. Spitting of blood supervened, the lung apices began to break down, and she died after having been under observation nearly one month. Section: Tuberculosis of both apices and inflammatory changes in the phrenic, pneumogastric, and popliteal nerves.

So far it has been shown, then, that alcohol is not only a fruitful source of consumption, but that it brings about this disease by impairing the vitality of the respiratory nerves. In the next place, I shall make an effort to prove that syphilis, by vitiating the same structure—viz., the pneumogastric nerve and the medulla, is probably not less potent a cause in this respect than alcohol, as is shown by the histories

of the following cases:

(Prof. Naunyn, Archiv f. Klin. Med., Bd. 34, S. 433.) Female, nineteen years old, was admitted January 15, 1882, on account of syphilitic infection, when she stated that she had always been well until the previous May. Some time after admission she became subject to violent cough, dyspnæa, debility, night-sweats, weakness in the lower extremities, and marked shakiness while walking. Some fever, no ædema, and sensibility unimpaired; and at this time a physical examination revealed phthisical changes in both lungs. Death, July 18, 1882. Section: Phthisical degeneration in both lungs. The medulla oblongata and the cervical and dorsal portions of the spinal cord were diseased.

(Dr. Buss, Arch. f. Klin. Med., Bd. 41, S. 241; Clbt. f. d. Med. Wis., 1888, S. 195.) Female, aged twenty-nine, syphilitic, hemiplegic, suffered from disorder of speech, hearing, tasting, and seeing; also had dysphagia, and marked ataxia; and death followed seven years later from pulmonary phthisis. Section: Degeneration of lungs as well as of the

medulla oblongata.

(Dr. Eisenlohr, Clbt. f. Nonheilk., Bd. 10, S. 12.) Male, thirty years old, syphilitic, first complained of pain in both legs. Half a year later there was complete paralysis in the lower extremities, as well as lameness in the upper. Gradually his legs became subject to spastic contractions, tremor, etc., and he finally succumbed to acute phthisis. Section: Phthisical lungs, and degeneration of the whole spinal cord from the medulla to the sacral region.

(Prof. O. Kahler, Prager Zeitschrift für Heilkunde, Bd. 8, S. 1.) Male, twenty-nine years old, came under observation May 26, 1885. Two days previously he was suddenly attacked, while sleeping, with a peculiar sensation in the right side of his body, with disturbance of speech, and complete paralysis of left arm. On inquiry, it was found that three months before he had acquired a syphilitic sore. Examination showed that at this time the thoracic organs were in a normal condition. He was placed under energetic antisyphilitic treatment. During the last of August he began to complain of pain in the neck, spine, and thorax, diarrhee and anorexia set in, and the patient died on the following November 10. Section: Small cavities in both apices,

and degeneration of the medulla oblong at and cranial nerves.

(Dr. Berger, Deutsch. Arch. f. Klin. Med., Bd. 23, 1879.) Male, aged thirty-five, admitted November 7, 1878, acquired syphilis four years before. He had a long and thin neck, and the cervical glands were indolent and swollen. Death, November 12. Section: Infiltration and caseation of both lungs. Left vagus diseased and imbedded in the enlarged glands of the neck.

(Dr. O. Vierordt, Arch. f. Psych. u. Nervenk., Bd. 14, Heft. 3.) Female, aged twenty-three, contracted syphilis in 1880, and on October 3, 1882, she began to complain of weakness and of impaired sensibility in lower extremities. She developed all the symptoms of multiple neuritis, and at the end of November paralysis of the diaphragm set in, and death occurred the following December 19. Section: Pulmonary phthisis. Spinal cord normal. The peripheral nerves had undergone intense degeneration, especially the phrenic and right sciatic. The right vagus and left sciatic were atrophied.

These six cases of syphilitic phthisis show a great deal more than that which they indicate on the surface. None of them were investigated and recorded with any other object than that of ascertaining the influence of syphilis on the nervous system, and the lung complications were only noted incidentally. Therefore, when we reflect that this form of phthisis is comparatively common, especially among certain classes, it may be taken for granted that the production of phthisis by syphilis through the instrumentality of the vagi could be found more frequently than

it is, if efforts were made to look for it.

It must not be thought, however, that alcohol and syphilis are the only agents which have the potency to bring about pulmonary consumption through the mediation of the nervous system. In my collection of cases, to which reference has already been made, there are records which show that lead, brass, diphtheria, scarlatina, measles, etc., are capable of acting in a similar manner. Indeed, the more thoroughly the pathology of phthisis is studied the more transparent becomes the supreme folly of ascribing it to a single cause, like the tubercle bacillus. From a correct interpretation of the testimony in this paper, it is obvious that a germ is not necessary to the evolution of this disease, and that anything which has the power of violating the integrity of the nervous system, and especially that of the vagi, must be regarded as a veritable cause of pulmonary comsumption.

Viewing the origin of consumption from such a standpoint, it is clear, in a measure, at least, why the savage is so much more liable to this disease in his first contact with civilization than he is in his native state. The whole question of civilization resolves itself essentially into one of adaptation. In the succession of geological ages only those species of animals survive who have the power of adjusting themselves to the changed relations. The same holds true of man in a social state. When the powerful vices of the white man's civilization are suddenly thrust upon the Indian, his moral and

physical nature sustains a terrible blow; and if, in spite of his sufferings, he did not have the splendid capacity of adapting himself to his new environment, which he is known to possess, he would certainly go down in the contest. It is universally admitted that rum and syphilis-the Indian's worst enemies-are two of the greatest curses which have ever been transmitted from a higher to a lower civilization. It seems a travesty on Supreme justice, but it really appears to be the outcome of a general law. Our own Indian is no better off in this respect than is the Indian of Alaska, Australia, and New Zealand, or, I fear, than is the African in this country, or in his native land during his first intercourse with the white race. Now, statistics amply confirm the opinion that while he is in this transition stage, the consumption deathrate of the Indian, as well as that of the African, is much greater than that of the white man, or than it is after they both become acclimated to their new condition. That alcohol and syphilis are wholly responsible for this result I do not for a moment believe, but that they are to blame for a large proportion of it I think is evident from what has been said on the subject.

Such is the disease. What is the remedy? The inductions of this paper teach that in order to prevent pulmonary consumption it is not only necessary to prohibit all alcoholic and venereal abuses, or to proscribe all injurious occupations like those which pertain to lead, brass, etc., but it is absolutely essential to look beneath the surface of things and endeavor to ascertain any latent tendency which may have been originally induced by these causes. I do not know how far-reaching the inherited influences of lead poisoning may go in this respect, but the examples which have been cited in the foregoing pages lead us to believe that those of alcohol extend at least to the second generation. And so far as syphilis is concerned, it may be stated that some of the most eminent authorities in medicine-among whom was the late Prof. S. D. Gross-entertained the view that scrofula and consumption were only a refined and modified form of syphilis. This may be an extravagant assumption, but it nevertheless serves to show the suspicion that syphilis is in some way closely related to the propagation of pulmonary consumption, and in estimating the probabilities of this disease in any individual case this element must not be left out of consideration. In consonance with this line of action we must not lose sight of the fact that diphtheria, scarlatina, measles, etc., also occasionally act as exciting causes of consumption, and that we must, therefore, carefully watch the convalescence of those suffering from these diseases. So, too, we must teach our people to protect themselves against "colds" and malaria; nor must we forget to treat the nervous, and especially that form of nervous disease known as hysteria, for the histories of Prof. Grasset's forty cases1 of hysteria show that this disease is very intimately associated with pulmonary consumption.

Reasoning, therefore, from the manner in which these powerful causes induce consumption, it is quite clear that the way to prevent this disease consists in maintaining a good tone of the whole nervous system, and of the pneumogastric nerves in particular, and the most successful way in which this can be accomplished is by keeping the bodily functions normally and actively employed; for we know that exercise lends strength, while a lack of it entails weakness and disease. This is not such an easy matter as it appears, for the lungs, as we have already seen, afford more respiratory surface than is necessary to carry on the function of respiration; hence, in the great majority of individuals, especially in those who follow sedentary occupations, it is absolutely necessary to constantly employ some artificial measures whereby this innate tendency towards pulmonary idleness may be overcome. This is such an important matter that all such persons ought to place themselves under the guidance of a teacher in gymnastics who appreciates the proper relation between the lungs and the rest of the body. If under such a course of training there is produced a good expansion of the apices I am quite free to say that the liability towards pulmonary consumption is reduced to a minimum. It may happen, but I never saw good apical expansion and chronic infiltration coexist in the same lung. On the other hand, when such training cannot be procured, I would recommend voluntary forced breathing in connection with wellregulated movements of the arms. The person is to stand erect, and the arms being used as levers, are swung backwards as far as possible on a level with the shoulders during each inspiration, and brought together in front on the same level during each expiration. Or the hands are brought together above the head while inspiring, and gradually brought down alongside the body while expiring. deep breath is taken in accordance with either plan, and held until the arms are gradually moved forwards or downwards, or even much longer, the process of chest expansion is materially enhanced.

Another very effective chest exercise is to take a deep inspiration, and during expiration only, the individual will, in a loud voice, count as long as he possibly can. A male person with a good chest capacity can count up to sixty or seventy, while in a female with good lungs even this power is somewhat reduced. Practice of this sort will gradually develop the lungs, and the increased ability to count longer is a measure of the improvement going on within the chest. All of these movements may have their effects greatly enhanced by the use of dumbbells, chestweights, etc., which are made especially for the purpose.

Bodily exercise has an important bearing on this question. The power of walking is common to most people, and its influence on the lungs, as we have seen, is very marked. Running, dancing, skipping rope (especially when the rope is swung backwards), bowling, etc., are all to be highly recommended. Whatever the mode of exercise may be it must be performed under as little compulsion as possible. One reason why the above-named exercises are so

¹ "Brain," Vol. VI, p. 433, and Vol. VII, pp. 13 and 161. A number of these cases are quoted in my two lectures on Pulmonary Consumption as a Neurosis.—*Therapeutic Gazette*, November and December, 1888.

conducive to health consists in the fact that the excitement which they produce is so attractive that the consciousness of muscular effort is lost.

In this connection I desire it to be clearly understood that I only think of advising such treatment for those who are comparatively well, and not for those who are suffering from the disease under consideration. I confess that my opinion on this point has undergone a radical change during the last few years—a change which has forced itself upon me by the logic of circumstances. I believe that many consumptives are irretrievably injured by the mistaken notion that they must have plenty of exercise. This brings me into a field, however, which I have no right or desire to invade at present, and I must desist; although the temptation to pursue it is greatly fascinating.

The breathing of compressed and rarefied air is also attracting wide attention as a means of improving the capacity of the chest. This method has already achieved marked success in Germany, where it was first introduced, and there can be no doubt that it will meet with equal favor among the profession in this country so soon as its merits are more generally understood.

Now, what of the corset and of abdominal constriction? Are these practices so injurious to health as they are reported to be from certain quarters? The answer to this question depends upon the essential question as to how shall the female support her clothing? Practically, so far as I am able to see, there are only two ways in which she can do thisone to support her clothing from the waist and the other from the shoulders. There can be no doubt that both are injurious, in a measure at least-the former by constricting and compressing the abdominal organs, and the latter by interfering with the free movements of the upper part of the chest; but it is a question of a greater or lesser evil. If a lack of apex expansion is such a strong predisposing element in the causation of consumption, as we have been led to believe, and if, on the contrary, a fully developed apex motion practically excludes this disease, then anything that she may do to counteract such development will directly increase her liability in this direction. If the male by supporting his clothing from the shoulders interferes with the free and full expansion of his lung apices, then this interference is greatly aggravated in the case of the female, because the clothing which she has to carry is generally two and three times heavier than that of the male. That the female loses her costal type of breathing by refusing to wear a corset, and by suspending her clothing from the shoulders for a protracted period I have repeatedly demonstrated with the pneumograph, but whether she becomes more liable to consumption than her corset-wearing sister, and which, from à priori grounds, we have reason for believing, we do not have the necessary statistics to decide. Although in countries like Prussia and Switzerland, where statistics of the comparative liability of the two sexes to pulmonary consumption, both in country and in city life, exist, it is demonstrated that the consumption death-rate of the female is higher in the country

than in the city. Whether this has any connection with corset wearing and abdominal constriction I do not know, but experience teaches me that corset wearing is less customary in the country than it is in the city, and it is also true that, as a rule, the costal type of respiration is more pronounced in the city than it is in the country females.

Now, while not desiring to encourage tight lacing, I believe that on the whole, at least so far as pulmonary disease is concerned, the female is better off if she wears her clothing from the waist instead of supporting it from the shoulders. I believe, too, that the male would be vastly benefited were he to support his clothing in the same way. No teacher of gymnastics would tolerate anything like suspenders to support the clothing of those under his training, and if he gets his best results in bodily development in this way I think his methods will bear imitation.

SPLENIC FEVER.

By B. F. LAMB, A.M., M.D., PHILADELPHIA, PA.

SPLENIC fever is a disease of malarial origin, having its center of irritation in the spleen, and maintaining the same relation to this organ that remittent fever holds towards the liver. It may be classed as a continued fever, and distinct from splenitis in being a non-inflammatory disease, and, consequently void of the symptoms of either local or general inflammation.

In point of history and distribution, splenic fever, being a malarial disease, may be said to have existed synchronously with malarial poison, and to be found in localities infested with miasmata throughout the globe, but more especially in warmer latitudes. It is also most frequently encountered in damp and ill-drained situations, or such as are prolific of typhoid fever, malarial meningitis and hemorrhagic fever. In this country it is especially frequent in the marshy sections of the Atlantic and Gulf coasts, where malarial diseases are found in great variety of complication and with frightful virulence and fatality.

The symptoms of splenic fever in many respects resemble those of typhoid, and have been frequently mistaken for those of the latter disease, while some have regarded it as a hybrid of typhoid and remittent, and have styled it "typho-malarial." The first appearance of the disease is a feeling of malaise and muscular debility, which are followed within a few days by the active symptoms of chill and fever, as in ordinary remittent, with which it is often complicated.

The chill, usually occurring in the morning, is light, unattended by rigor, and often scarcely perceptible, save by the sudden rise of fever, which ascends to a temperature of 104° F. in the evening, but gradually declines to 100° F. or less at the expiration of twenty-four hours. The fever is then without remission, succeeded by another paroxysm. The pulse-rate varies from 100 to 120 per minute, with reduced arterial tension. There is thirst, anorexia, moderate nausea, constant headache with some vertigo. There is no pain or soreness in the thoracic

nor abdominal viscera, excepting the spleen, nor is there any apparent disturbance of the functions of the liver, kidneys, nor of digestion. The tongue is coated, but moist and otherwise normal in appearance. The urinary secretion is healthy, excepting an acid chemical reaction and moderate diminution in quantity. The biliary secretion remains undisturbed, as indicated by complexion and condition of the secretions, while the area of dulness is unchanged, nor is there increased sensibility of the liver. The functions of the heart and lungs are normal, as shown by both objective and subjective symptoms.

The spleen, on the contrary, manifests morbific disturbance to a greater or less extent. There is soreness with supersentiveness upon palpation, with or without enlargement. There is, however, no evidence of an inflammatory process, nor of the development of abscess, or other product of inflammation, as swelling and induration; but merely symptoms of irritability, which continue for an indefinite period and disappear with the subsidence of the fever. The patient prefers the dorsal or left lateral decubitus, never the right, which increases his sense of discomfort but produces no pain. The disease is attended by a general feeling of debility followed by rapid emaciation much resembling typhoid fever in general aspects. There is no stupor, tympanites, nor iliac tenderness, but, on the contrary, a continued wakefulness, with short and unrefreshing sleep, and a consequent condition of nervousness and mental apprehension not attributable to any special morbific irritation of the brain or nerve centers. There is also supersensitiveness to atmospheric influences, from which cause a chill may be induced at any moment.

The duration of the disease is from three to six weeks, though it may be prolonged to three months. It is peculiarly prone to recurrence or to relapse, and though not necessarily a fatal disease, the frequent relapse or annual appearance of the attacks may lead to a fatal issue, through physical exhaustion, rather than organic paresis.

Excepting the great debility experienced, the patient is not conscious of any special suffering, and will attempt to arise from his pillow only to return after a brief interval; he will also wonderingly interrogate as to the cause of the continued debility and the probable limit of the same; or feeling confident of ultimate recovery may discharge his physician, who is sure to be recalled to find the patient unimproved.

The treatment of splenic fever is based upon that of the malarial diseases generally. While sulphate of quinine reduces the temperature, yet it fails to control the exacerbations of fever, and a persistence in its use induces gastric irritation. Alkalinity of the blood and secretions is accomplished by the administration of potassium bicarbonate, while a quiet sedation will be secured by the exhibition of opiates. Potassic and other bromides are not tolerated in quantities sufficient to accomplish the latter result. Antipyrin and antifebrin possess little advantage over quinine in splenic fever, being also open to the objection of increasing gastric irritation. Locally, the unguent hyd. rub., alternating with strong counter-

irritation proves beneficial. The use of mineral acids is pernicious, as they prove a direct irritant to the spleen, increasing its volume and tenderness and intensifying the fever. The internal use of the mercurials is useless. While stimulating and nutritious foods are highly essential, the confinement of the patient to a warm and dry atmosphere, with other appropriate hygienic surroundings, is indispensable to a sure and steady convalescence.

In conclusion, it may be added that while this disease has been often mistaken for other and kindred ailments under the guise of malarial modification, it is nevertheless incumbent upon the practitioner thoroughly to analyze the symptoms from a multitude of complications, not only in order to insure his own efficiency and success, but also in order to discharge his sacred duty in maintaining in the light of exact science the standard of the noblest of professions.

MALARIAL PNEUMONIA.

By J. P. FRANCEZ, M.D., CARENCRO, LA.

ALARIAL pneumonia has been very rife during this present spring, 1889. The severe type manifests itself, first, by several paroxysms of intermittent or remittent malarial fever. Pneumonia will then set in with slight rigors, followed by headache, flushed face, soreness in the chest, aching in the limbs and back, with tight, dry painful cough. Fever averages about 103½-104° F. Examination of the chest reveals an alteration in the affected side; a bruit rougher than on the opposite side. A whole lobe is usually involved, beginning indifferently and in about equal proportion, either at the base or the apex.

Frequently the crepitant râle is not dry at the end of the act of inspiration, and is often substituted by bronchitic respiration. There is bronchophony—"le souffle dans l'oreille or voilé" of Laënnec.

Percussion gives negative results or a light alteration. Sputa vary from frothy mucus to the pathognomonic ones of classical pneumonia.

The paroxysm generally continues for thirty six or more hours; the fever then abates or intermits and with it the chest troubles. Should the case be intermittent a few scattered râles will be found by auscultation; in the remittent type, the bronchitic respiration is ameliorated, and we have the redux râle.

Resonance is either normal or almost so during the apyrexia, in the paludal form. A general perspiration ends the fever.

After a couple of hours of respite the paroxysm sets in anew, with chest symptoms, much more severe, and remits once or twice again, after thirty some hours each, making the case last from the onset to the end of the attack, five or six days.

When the case ends by death, the fever and chest troubles go on increasing after the breaking of the second paroxysm; remission, if there is any, is light. The respiration is much embarrassed, hurried, and laborious; the pulse is thready, 120 and more; temperature soon reaches 105°, and the patient dies bathed in a cold, clammy sweat. Or, when both lungs have

been affected, one after the other, at the subsidence of the troubles, when hopes of recovery have been expressed, another chill comes on, and without further warning the physician discovers a double pneumonia, which rapidly ends in death. I have seen a lady, multipara, with a double malarial cataleptic pneumonia. The chest and nervous symptoms increased and decreased with the febrile movement; she died on the seventh day. This case was of the remittent type; temperature 100°-105\frac{1}{9} F. Chances in double pneumonia are half and half; and with children about three to one.

The treatment must be directed to the cause. Quinine is the specific and should be pushed to full physiological action, and the sooner the better. The noble brute, malarial bacillus, will be flushed from its lair to jump into the next lung; continue your chase with your quinine pounder and eight times out of ten you will have the advantage of your microscopic man-killer. There are certain subjects whose skin is very sensitive to quinine; to these give the ext. cinchona, from five to fifteen grains every third hour in whiskey.

Cough syrups or mixtures, turpentine stupes, hot fomentations and dry cups may be of service. Nauseants, antimonials, depressant means should be discouraged. Blisters seem to ignite the fever without influencing the pulmonary trouble. Calomel, with or without opium in combination, has also fallen into disuse, probably not without reason. Experience has gradually demonstrated the minor degree of power which it was at one time supposed to possess in aiding the absorption of exudations, and no valid proof has been afforded that the duration of pneumonia has been shortened by its use. By most of its advocates it was only held to be efficacious after the previous employment of venesection and the administration of tartar emetic, and a remedy requiring such antecedents is one that may with advantage be abandoned. Keep the bowels open by mild laxatives.

It seems to me that when I combined the sulphite of sodium and quinine the disease was stopped sooner, but my experience is too limited to guarantee it as a therapeutic means. I combined the two drugs on account of measles prevailing throughout the country.

This is a résumé of fourteen years' practice.

The Polyclinic.

JEFFERSON COLLEGE.

HEMORRHOIDS.

TREATING hemorrhoids by ligation is, I think, not to be commended. The method, in the first place, is slow and painful, and again it is by no means devoid of danger; thrombosis may occur from a little embolus formed at the point of operation, or septicæmia may result, either of these complications being sufficiently dangerous, and both having occurred often enough to inspire caution.

Generally speaking, clamping the hemorrhoid and applying the actual cautery is the best method. The danger of hemorrhage is thus avoided, for the eschar ner's Safe Remedies.

does not fall off till there has been an effectual occlusion of the severed vessels; and as to antisepsis, what better antiseptics are there than the heating followed by the charcoal?

If after any operation on the rectum there should result such hemorrhage that it cannot be controlled by the ordinary means, I have found this a good way: Tie a stout cord to a cup-shaped sponge and pass the sponge up the rectum with the convexity above, now pack the rectum well with some material, draw on the string till firm compression is made, and this can be made continuous by fastening the cord to a stick or other object placed across the buttocks.—Nancrede.

HARE-LIP.

This patient is a young woman of some eighteen years, and is unfortunate enough to be afflicted with hare-lip. This deformity is exceptionally calamitous in one of her sex, for they have no means of concealing it.

She has already had an operation performed, but it was a miserable failure, and that fact makes a second operation more difficult and its success more uncertain. I shall make a lozenge-shaped incision, thus: with the upper legs of the lozenge the longer. By bringing together the freshened edges, a slight pouting is produced below, just what we wish.

I am proceeding with great deliberation as you see, and this is the main reason that hare-lip operations of the present day are more successful than they formerly were, that more time is taken.

If there is a difference in level between the two sides of one-sixteenth of an inch, it can be noticed; and my experience has been that those who have tried to make a so-called "brilliant" operation of this—finished it with a few quick cuts and several hasty stitches—are more likely to make a brilliant failure. I am accustomed to take the pins out in from forty-eight to seventy-two hours, and if I think the parts still need support to give it by placing across the incision a little cotton and covering with collodion.

-Nancrede.

STATISTICAL.

9318 physicians look after the sick of Pennsylvania. 8248 are graduates.

932 have no diplomas.

230 have bogus diplomas.

316 are women.

2009 come from the Jefferson.

1945 " " University.

470 " " Hahnemann.

140 " " Woman's College.

21 reside in Forrest County; or, 1 to 208 inhabitants.

9 live in Elk County; 1 to every 1422.

8 live in Potter; 1 to 1724.

Philadelphia has 2099; 1 to 405.

Average for State, 1 to 459.

YANKEE ENTERPRISE.—Two German medical journals display in glaring type the virtues of Warner's Safe Remedies.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 10, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

RECITATIONS VS. LECTURES.

TWO different movements with regard to the education of the medical student are undergoing discussion at the same time, which are directly opposed one to the other.

In England some circles are advocating the further imposition of the study of phonography on the already overloaded student of medicine, whilst the New York *Medical Record* has an editorial rather discountenancing the lecture system with its attendant consequences, and suggesting an adoption in medical schools, in part at least, of the method of recitations customary in ordinary schooling.

To be able to write shorthand with any degree of fluency requires much time and laborious work, and even then only those who make a business of phonography can take down *verbatim* a lecturer's words. This, of course, is what is expected of the medical student, for if merely an abstract be wanted, that can easily be taken in long hand. In a movement of this kind it is proper to ask, *cui bono*?

We have noticed that the first-course student generally arms himself with note-books, some the size of a ledger, and writes most earnestly and persistently through all the long lectures, as if he were listening to the wisdom of Solomon—truths, which, if he did

not at once indite, would be forever lost to him and to the world. By the second year he has discovered that much of the substance of these lectures is to be found elsewhere; and by the third year the truth dawns upon him that of what he hears but little is not already in his books, and he then contents himself with taking a small note when he thinks the teacher has made a point. A short pencil and a little blank

This is what he should have done in the first year, for the student who simply listens attentively to a lecture will remember more than if he tries both to listen and write.

book will usually suffice.

The tendency of the more advanced schools in this country is to substitute lessons and recitations for lectures, at least during the first and second years; and we believe it is only a question of time when such a course will prevail through the whole medical curriculum. If common and high schools, academies and classical institutions, have found the system of teaching by recitation the best, there is no reason why it should not also be the best way in which to teach medicine. We fail to see anything in the study of medicine that requires a different treatment.

The didactic lecture must go. It is nothing but a relic of past years, when students had no books to refer to, and must needs get their information per verbum oris. With the advent of multitudes of works on every imaginable medical subject, such a reason no longer exists.

Didactic teaching would be an interesting and good method provided the lecturers were teachers, but they are not always. There is hardly a school in the land that numbers in its faculty more than three or four teachers; often not that. Some more or less eminent man is called to a professorship, he writes his notes, appears before the class to read them, and, *mirabile dictu!* he is called a teacher.

Teaching is an art and a difficult one. Few are born to it. The art is one usually to be gained only by special study and long practice, whereas most of the lecturers in medical schools never taught a day in their lives until they appeared before a class in the capacity of teacher.

Reading, too, is an art, fully as difficult as that of teaching. The majority fail here also; reading all the way from indifferently well to miserably bad.

The days of didactic medicine are coming to an end, and instead of talking about phonography, let lessons and recitations displace the system now in vogue; give the student, in methodical manner, his regular stint of work each day, and he will then be able to accomplish far more than under the present haphazard desultory plan, or rather lack of plan.

Annotations.

THE Druggists' Circular continues the attack upon us, which was opened by its manager at Newport. We desire to say at once that every statement and insinuation therein made concerning the TIMES AND REGISTER is utterly and unqualifiedly untrue. Neither manufacturers nor patent medicine houses own or control our company. It is not a trust and has no designs upon its contemporaries. The absorption policy suggested only exists in Lillard's imagination. This, and the impudent attempt to represent the TIMES AND REGISTER as favoring substitution, are simply intended to create a little prejudice against our enterprise in the minds of publishers and advertisers.

One thing is demonstrated by the publication in the Circular, and that is, that its manager's action is

adopted by the journal itself, and hence, that the latter's standing, professionally and morally, is to be gauged by that of Benjamin Lillard. To those who are familiar with this personage's career, no further reply to his insinuations is requisite; to others, we will say that the unblushing mendacity of the editorial in the Circular removes the matter into a region into which we are unable to follow. We can hold no controversy with a man who has no reputation to lose and whose statements are bounded only by the fertility of his imagination. We trust that our readers will relieve us henceforth from the obligation of denying any future charges from the same quarter.

NON BACILLAR PHTHISIS.

T was with considerable surprise that we heard Dr. S. Solis-Cohen, in his remarks on Dr. Wilson's paper at Newport, quote approvingly Niemeyer's remark, that the greatest danger to a consumptive was that he might become tuberculous. The last time we heard Dr. S. speak upon the subject of phthisis, he was the exponent of those who forsook the paths of pathology and cast aside the results of thought and of experience to run after the ignis fatuus of the day. He was then vaunting the superiority of the germicidal therapy, giving iodoform by the mouth and pumping sulphuretted hydrogen into the rectum. We would much like to know the present views of those who were exploiting Bergeon's method two years ago. Do they ever use it now? Or has its utility vanished with its novelty? Does it still produce that remarkable amelioration in all the symptoms of this dread disease, at two dollars a puff?

We are glad to see evidences of the profession's returning to its senses. Our knowledge of pathology is certainly defective; yet we do possess enough to warrant us in judging new ideas and newly-discovered facts by the light of what has preceded them. To us, who have steadfastly adhered to Niemeyer's teachings concerning phthisis because they harmonized with clinical observations, the strongest proof of the causative influence of the tubercle bacillus lies in the fact that it harmonizes so well with his descriptions of true tubercular phthisis. Not one word of his classical description needs to be changed; but Koch's discoveries simply give an explanation of facts which no recent writer has described more accurately than Niemeyer had already done before Koch's time. The great clinician described a form of acute phthisis which is simply inflammatory and one which is tuberculous. The former explains the cures occasionally reported.1 Of chronic consumptions he describes three: first, a chronic pneumonia, with hypertrophy of connective tissue, contraction, bronchiectasis, etc.; secondly, a true tubercular affection, which may occur primarily; or thirdly, as Dr. Cohen expressed it, appear as an epiphenomenon in the course of a pneumonic phthisis. We have learned to attribute this outbreakto an invasion of the pulmonary tract by the bacillus tuberculosis; but in no particular has the description of Niemeyer become obsolete. Nor have we made

SUBSTITUTION-A CARD.

BY one of those mistakes which, we are assured, occasionally happen in even the best regulated families, an annotation slipped into one of our late issues which was worded in such a manner as to give rise to misapprehension. It scarcely seems necessary to say that neither the TIMES AND REGISTER, nor any member of its editorial staff, favors or desires in any manner to condone the wrong of substitution. Our record in that matter is certainly clear, and there is scarcely a medical journal in the country which has not quoted approvingly our editorial condemnation of this practice, and defence of the physician's right to prescribe whatever he considers best, and the pharmacist's duty to give exactly what is ordered, no matter what his individual opinion thereupon may happen to be. We have even gone to the trouble and expense of having special examinations made of the various pepsins and fluid extracts in the market, and demonstrated the necessity under which the prescriber rests of designating the manufacturer upon whose fluid extract he is basing his dosage; as, in the case of belladonna, we found a diversity ranging from .18 to .58 between the samples tested.

The writer of the annotation headed "A New View of Substitution," had no thought of defending the manufacturers of Febriline, whoever they may be (we do not know the parties, and have no advertising or other interest in them), in what was an undoubted wrong; the selling of one thing under the name of another. Even if commercial quinine does contain. as is claimed, a portion of quinidine, this is also a wrong, and does not constitute a valid reason for their action. The writer of the paragraph labored under the hallucination that his item was ironical. and that he was making a very passable poke at himself and his brother physicians when he suggested that they were themselves doing the very thing they so strongly objected to in the case of the druggists. Like Mark Twain's celebrated joke about the Indian statue, however, this one seems to have been so far fetched that nobody saw it; and our highly ethical friends of the Druggists' Circular grasped at once, and thankfully, the opportunity to place us in a false position. We have notified our brother to send diagrams with his jokes in the future; and in the meantime hasten to assure our readers that we haven't been seduced by the wily manufacturer to depart from our freely outspoken detestation of the roguery of substitution.

any material advance upon his methods of treatment, except in the way of prophylaxis. We have unquestionably multiplied the number of agencies which we may utilize in treatment, but we scarcely secure any better results. The prevention of the spread of disease, by segregating the patients, and by the disinfection of sputa and other discharges, constitute at the present day the sole practical results of the discovery of Koch's bacillus. In every phase of its application the germicidal treatment has proved a failure, whether used in the shape of direct applications to the tuberculous lungs, or by saturating the body with germicidal substances.

¹ See Lectures on Clinical Medicine. T. McCall Anderson, 1877. MacMillan & Co., London.

CIRCUMCISION ENFORCED BY LAW.

THIS is the title of an article in Daniel's Texas Medical Journal, by a colored physician, Dr. Vandavel. The writer accepting as true the statement that the Hebrews have particular immunity from disease, and that four out of every five males suffering from venereal taint have elongated prepuces, suggests the propriety of legislation having in view the abscission of this redundancy. There is also an æsthetic side to Dr. Vandavel, for he naïvely remarks, that the "elongated prepuce does not add anything to the looks of the organ."

For the double purpose, then, of avoiding in a measure venereal diseases, and of adapting the human body more accurately to the canons of high artistic taste, Dr. Vandavel holds that it should be cut off.

The editor of the Journal goes a step farther, or, if you please, not quite so far, in commending this as a measure to be applied exclusively to the colored race. This scheme might have been practicable "befoah the wah," but we seriously doubt whether the colored voters of the country would favor such legislation, even though it might have the effect of approximating them more nearly to the ideal physical man.

Letters to the Editor.

FEEDING OF INFANTS.

M EDICAL journals are intended to disseminate useful instructions to all classes of practitioners both young and old. I occasionally see an article written for the benefit of the profession which I feel like criticizing, not that I think I am better posted than the writer, but that the writer has not studied his particular case thoroughly. Friendly criticisms do no harm, and on the other hand sometimes are beneficial.

I have just finished reading a clinical lecture styled, Feeding of Children, and published in The Times AND REGISTER, for June 29, 1889. While there are many good points made by the lecturer, there are some that will hardly stand the test of experience. He says "there is an old custom to nurse a child for eighteen months, but I do not adhere to it, as it ought to be nursed off and on for a year. When it is eight months old it should receive some artificial food."

After nearly forty years active practice and most of the time largely in childrens' diseases, it has not been my experience that a child needs or ought to have artificial food at eight months of age. A child requiring artificial food at this age, does so on account of the inability of the mother or nurse to furnish the needed supply, either in quantity or quality. If the mother is strong and able to stand the drain the child should not at eight months receive artificial food. He says, "it is much better for the mother, as the constant nursing is a drain on her, and you have no business to allow this." Why should this be so serious a matter with the mother? Let fashion, mode of eating, and the food eaten, answer. The discussion covers more ground than could be devoted to it in this paper.

He says, "I think cow's milk is as good as the milk of the ass or goat when properly prepared."

In this preparation, is where all the trouble lies. The food must contein all of the elements of the child's body, or some of the tissues will be found wanting. These are all found in healthy mothers' milk, and if possible the mother should nurse her child until the appearance of the double teeth; or until the child is eighteen or twenty months old. He says "the milk of the cow is heavier and denser than the mother's and must be diluted by a certain amount of water; and this is the first step in its preparation. Take good healthy cow's milk and dilute with three parts of water and you have the right proportion." It is conceded by most writers that cow's milk contains three times as much cheese, less than twice as much butter, less sugar and less water than mother's. Our artificial foods will take the place of human milk just in proportion as they agree with or imitate its character. In human milk the proportion of caseine to the butter is as 100 to 170; in cow's milk it is as 100 to 105. The reason of this is plain; cow's milk is made for the young ruminant, who is not only expected, but is able to follow its mother; and in order to do this must have food rich in nitrogenous material to develop its muscular system; and it will run and play when it is two days old. With the human infant it is far different. It cannot follow its mother; but the mother goes to the baby when it requires food, and it has but little or no use for muscular development the first year of its life; but it requires food rich in heat and nerve building material, with the proportion of 170 to 100 of nitrogenous. With this in proportion of 105 to 100 as in cow's milk, can you expect to succeed? Again, can you by any process of dilution with water arrive at the same constituents as mother's milk? It is plain that by no process of dilution with water can this be accomplished and made a substitute for human milk. There will be in every case an excess of caseine or a diminution of butter and the effort will fail. The proportions of the constituents of the cow's milk must be changed to correspond to that of human milk, before it can by any means become suitable food for babies. Again it is a fact that food has to answer two distinct purposes, the one to furnish material for growth of the body, the other, to furnish material for the maintenance of its temperature. Food that is not thus supplied will not support the system in a proper manner any length of time. Again, he says, "When the child is seven or eight months old it is time to give it something else than ordinary milk; then comes in the various preparations of infant foods. It is not my purpose to advertise or use any one particular food, but when used you can incorporate it into milk and begin with 3j-3vj of prepared food according to the age and strength of the child."

He does not tell us which kind of food to select. Some of them no doubt are better than others. Dr. A. thinks he will try Ridge's food, with its 70 per cent. of starch. This food is prepared from wheat and, as I have before stated, must accomplish two things, the growth of the body and the maintenance of a

proper temperature. These are contained in human milk in the proportions of one to two, while in wheat they are as one to seven, and in the majority of Dr. A.'s cases he is doomed to disappointment. Dr. B. selects Carnrick's food. He adds starch to his cow's milk to bring up the carbonaceous principle until it is as 170 to 100, as in mothers' milk. How about this material for growth? Supposing the child able to digest it, here it is as one to twenty-six. You have not the right proportion and Dr. B. has trouble. The facts are, your artificial food must contain not only the materials, but they must be in proper proportions, the same or nearly so as contained in human milk, or it is evident that your efforts will in all probability fail.

He says, "one of the best substitutes for cow's milk is condensed milk." What is condensed milk? It is cow's milk with the water evaporated and an excess of cane sugar added to it, and when you replace the water you have the same milk that was used in the beginning, containing all of the impurities, tyrotoxicon, etc., etc., which it at first contained. Again he advises lime water in babies' food. Any alkaline carbonate taken with the food will, to the extent of its power, neutralize the natural acidity of the gastric juice and impede digestion; then why tell the young man to use it in his baby food? If your patient's stomach is sour, lime water between meals, to neutralize this acidity, would no doubt do good, but with food never.

Feed your babies as near as possible, according to the following: Place the cow's milk, of which you intend to feed the child (using night's for the day, and morning's milk for the night), in as many perfectly clean dishes as you expect to feed the child, times out of that milk; never go to the same dish the second time. Let the cream rise, and for a baby at birth take nothing but the cream, and to this add, according to the richness of the cream, from twenty to thirty parts of water that has been boiled, or enough to make it look bluish. As the baby grows older take a little milk with the cream and less water.

A child at three months of age can take with the cream, the upper one-eighth of the milk, and the older the child gets the more milk and less water, until at about ten months the child can take clear cow's milk.

Watch the discharges from the baby's bowels, and if they contain curds, take less milk, more cream and water.

At ten months the child may be fed beef, scraped fine, slightly cooked and salted or seasoned. This, with the milk of the cow, with a small allowance of sound, well ripened fruit, should constitute its sole diet until the coming of the double teeth. Then, and not till then, is the child capable of digesting starchy food. Milk prepared in this way contains all of the constituents of human milk; and if care be used it will contain the same equivalents. We change the proportions of carbonaceous to the nitrogenous, so that it is the same as in human milk, using the cream to do it with and not resorting to starch or any hydrocarbons, thereby retaining or maintaining the material for heat and the material for growth as per

nature's formula. This is very simple. By taking the upper part of the milk we get the butter, which the baby requires, leaving the cheese in the pan. Sugar of milk should be used instead of cane sugar, for two reasons; first you are imitating nature, second it requires no chemical change in its equivalents and will not ferment as readily as cane sugar. For thirty years, both in clinics and in hospital as well as in private practice, I have been governed by the above rules and I am thoroughly convinced they are correct.

DR. D. M. Cool.

Late of South Side Dispensary, Children's Department, Chicago, Ill.

FARIBAULT, MD.

MONTGOMERY WHITE SULPHUR SPRINGS.

WRITE you a few lines in regard to this region, but little known to Eastern people, and yet worthy of a visit, and close study. It is primitive in its arrangements of the cabins, or wooden cottages; which are situated around the pavilion of the Springs at short distances from the dining and ball rooms with the offices near. The rooms of these cottages are whitewashed, have comfortable beds, dressing tables, washstands, and a few chairs. The shades are not on rollers but nailed up, and the windows of the cottage we occupied had to be fixed by the carpenter before they would shut or open, and when open had to be propped up with a piece of lath.

When we arrived from Roanoke, which is a pleasant place to break the journey from Philadelphia or New York, being some twenty-eight miles distance, and the train of the Norfolk and Western Railroad starting, at 10 A.M., we found the ball rooms filled with pretty girls and many handsome men, dancing the German, a very fair string band with cornet, etc., making good dancing music. This was kept up until dinner hour, at half-past one. The dinner was fair, not extra good.

The Allegheny Spring is celebrated for its antidyspeptic waters, which are bottled and sent all over the country. There are about two hundred and fifty persons at the Montgomery Springs, principally from the extreme South, there being but one Northern family, registered from Philadelphia.

This place is one of great natural beauty, situated in a lonely valley, surrounded by mountains and yet on an elevation of two thousand feet and almost always having a delightful dry breeze passing through this valley even after the long spell of rainy weather.

The waters consist of three sulphur springs, one chalybeate, and a freestone spring for washing and bathing, clear, pure, and free from impurities. Suitable arrangements are made for cold, warm and sulphur baths. The components of the waters are chiefly sulphates of soda, lime and magnesia, with a large amount of sulphuretted hydrogen, the water clear, bright and sparkling, of an agreeable taste and quite cold. It is a valuable diuretic and diaphoretic, diminishing abdominal plethora and congestion of the liver, kidney, and portal circulation, useful in incipient tuberculosis and chronic rheumatism, also in skin affections and constipation.

There are numerous springs in this vicinity, one of

which we have already referred to, and still another very little known in the East, namely the "Virginia Thermal," arsenic bromine and lithia, which contains, according to the analyses of Henry Froehling, .06974 of lithium carbonate, .00571 sodium iodide, and .01557 sodium arseniate, with numerous other valuable ingredients. The temperature of the water of the springs is 69° F. This spring is located in Montgomery County about seven miles from the Norfolk and Western Railroad, at Shawsville. Looking at the analyses it will be found by comparison to be 109 per cent. stronger in arseniate of soda than the Thompson Springs, and 0.57 stronger than the Ashley Springs of North Carolina. In addition to a very good proportion of lithia, which makes it useful in a large number of kidney and other affections, it also contains the sulphates of magnesia and soda, rendering it mildly laxative and valuable in the treatment of indigestion and irritable stomach. Its alterative nature renders it of the utmost value in what is understood as the strumous diathesis, more commonly known as scrofula. In conjunction with these waters the change in diet, air and exercise, conduce much to the cure of such chronic cases.

-Medical Observer.

CINCINNATI LETTER.

UBERCULOSIS in sleeping cars was the subject discussed by Dr. J. T. Whittaker, of Cincinnati, on invitation of the Surgeons of the New York, Pennsylvania and Ohio Railroad, at their recent meeting at Lakewood, N. Y. The doctor, who is Professor of Medicine in the Ohio Medical College, brought out many new, original and practical thoughts. As it had been shown that dysentery killed more men in war than the enemy's guns, so he thought it would be shown that disease is more frequently contracted in railway cars than do accidents happen. The last few years have given the startling revelation that the disease, if it cannot be absolutely cured, can be absolutely prevented. The doctor did not believe in the theory of heredity, and proceeded to demolish this idea. To the lungs we must look for the primary affection in the vast majority of cases, and if to the lungs to the air which enters them. The closer the room, or the more crowded the apartment, the greater the danger of infection. Hence the frequency of the disease in factories, convents and prisons. The mortality in prisons in the last years of a long confinement amounts to 90 per cent. Ziemssen says, indeed, that imprisonment for ten or fifteen years is condemnation to death from tuberculosis.

It would be difficult to conceive, says the author, a conjunction of circumstances more favorable to the dissemination of this disease than is offered in the palace car. It is always badly ventilated, the vestibule car especially is close and hot, sixteen to thirty persons being crowded into a space which might make a small hall but never a bed-room for a pair of human beings. Somebody is always hurt by a draught and windows are kept closed, to prevent free ventilation as well as the ejection of sputa, which is mostly deposited on the floors. Cuspidors never contain water,

and the temperature is raised to a degree which is sufficient to rapidly disseminate infectious matter. When the shades of evening appear the bedding is opened out and diffuses through the apartment a disagreeable odor. The bacillus is treated to the luxury of clean sheets and pillow cases, but the blankets, mattresses, carpets, and worst of all, the curtains, remain the same till worn out. Consider that every car curtain is, or has been, occupied by a consumptive patient, if only en route for a change of climate; and if tuberculous matter become deposited on the curtains, bedding, etc., what becomes of it, if it be not dried and disseminated through the car, or gradually incorporated into the lungs of the tired traveller? The danger in some respects is far greater in ships' cabins, but then you have the escape to the upper deck, while in some express trains we do not even get out into the fresh air for our meals or other necessaries of life. The ship passenger may mount to the deck, the prisoner is allowed a part of each day to walk in the free air, but the passenger on an express train is, for all the world, in the condition of dogs inclosed in boxes made to breath atomized tuberculous matter, until even dogs, naturally immune, become infected with the disease.

Now for the remedy. The plush, velvet and silk hangings must go. Seats must be covered with smooth leather that can be washed off. Carpets substituted with rugs to be shaken at the end of each trip, or better still dispensed with altogether in favor of hard wood floors. In place of curtains, screens of wood or leather: the blankets of invalids' beds to be subjected to steam at a high temperature, mattresses covered with oiled silk or rubber cloth that may be washed off, and, above all things, invalids provided with separate apartments, shut off from the rest of the car, with the same care taken to exclude the far less offensive and dangerous smoke of tobacco. Cuspidors half filled with water, and consumptives provided with sputum cups which can be emptied from the car. The sole and only danger lies in the sputum and its destruction abolishes the disease. The patient protects himself from auto-infection in the sound parts of his lungs. Is it not wise to look to the construction and management of sleeping cars, and may they not be death-traps in more ways than one?

PARALDEHYDE IN ASTHMA.

PARALDEHYDE in half-drachm doses has proved a most valuable remedy in my hands in cutting short the paroxysms of asthma. I have tried it repeatedly with the happiest results. But a combination of remedies often acts nicer, and the following combination has never failed to give immediate relief to that troublesome affection:

		_	-	_	 •				
₿.—Tinct. ipecac.	cor	n	p.						gtt. xvj.
Sp. ammon. a	ron	u	at.						3j.
Paraldehyde									Зij.
Sodii nitrit.									gr. v.
Aquæ menth.	pip	о.					q.	s.	3 ј.—М.

Sig.-Teaspoonful in sweetened water every half hour till relief is obtained. R. T. Scott, M.D.

WAVERLY, Mo.

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Diss

The Medical Digest.

INCONTINENCE	OF	URINE	IN	CHILDREN	(Descroi-
zilles) —					

Sulpha	te	of	st	ry	ch	ni	ine	2						o gr. 05
Syrup														96 gr.
Water														4 grM.
To be given in	ta	bl	es	po	011	d	os	es	: (on	e t	0	tw	enty a day.
Strychi	iin	e												o gr. 05

Conserve of red roses 2 gr.
Divide into 20 pills. Take one to four a day.

Ergot of rye 2 gr. Divide into 10 parts: one to three a day.

Ergotine 2 gr. Powdered licorice, Syrup, āā q. s.

Divide into 20 pills: two to five a day.

Bark and leaves of rhus aromaticus toxicodendron 200 gr. Alcohol, at 800 800 gr.

Prepare by displacement. A tincture will be obtained of which the dose will be from ten to sixty drops a day.

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Essence	of r	ec	ti	fie	d	u	rp	en	ti	ae	,		
Tinct. of	eu	ca	ly	pt	us						ā	iā	4.0
Phenic a	cid										٠		300.0
Alcohol													300.0
Distilled	wa	tei	•										1000.0

To be used in atomizer night, and day.

—Bulletin Géneral de Thérapeutique.

FATTY DEGENERATION OF THE HEART (Kisch).-

R.—Powdered rhubarb root,

Extract of aloes āā 2 grammes Extract of jalap,

Extract of trefoil, q. s.

Make 30 pills: one to be taken at night.

If anæmia coexist the following pills are useful:

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Tincture of iodine									½ drachm.
Salicylate of soda									21/2 drachms.
Tar water									½ pint.
solve: three to six spo	00	nf	ul	s i	n	a j	pit	ıt	of warm water.

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It constitutes in effect a complete food; unhappily it does not contain fat, casein and sugar in proper proportions.

Two and a half pints of milk will suffice to give one hundred grammes of necessary fat, three pints would be necessary for one hundred and twenty grammes of the albuminoid substance, and at least five pints for the two hundred and fifty grammes of the hydrocarbons. During the period of rest three pints of milk contain sufficient of the albuminoids, but will not suffice for a healthy man who works.

Milk is easily digested. Unfortunately this digestion will not take place in patients suffering from heart disease, in which cases it is probable that the normal lactic ferment of the stomach is absent or diminished.

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This diuretic function is due to the lactose, a discovery made by M. G. Sée in experimenting with the different constituents of milk. Sugar of milk exists in all milks; it crystallizes easily and is soluble in six parts of cold water and two and a half parts of hot water. It is formed in the organism at the expense of the albuminoid substances, and when the dose absorbed is not too large it loses its individuality by oxidization.

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 R.—Sodii carbonatis
 gr. xlv.

 Vini ipecacuanhæ
 mxlv.

 Ext. rhei fluidi
 f 3 iss.

 Aquæ menth. pip.
 ad 3 iij.—M.

 Sig.—Teaspoonful in hot water before meals.

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Sulpl	iate	of	st	ry	ch	ni	116	9						o gr. 05
Syru	р.													96 gr.
Wate	r .			٠					a					4 gr.—M.
To be given	in ta	bl	es	po	on	d	os	es	: (011	e t	0	tw	enty a day.

Strychnine o gr. 05 Conserve of red roses 2 gr. Divide into 20 pills. Take one to four a day.

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	Ssenc Sinct.								iā	4.0
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Lactose is the most principal and the most reliable of the diuretics actually known. In addition if two pints of mik are given we obtain all the advantages of diuresis without any of its inconveniences; that is to say that there does not follow, as with milk, a diabetic poluria.

From the dose of one hundred grammes diluted in two pints of water and with complete suppression of all other liquids, milk, broth, wine, mineral waters, etc., there is obtained a considerable increase of urine in all sick persons, in all heart cases irrespective of the nature of the lesion; degenerations, alterations of the aortic valves, etc. This action is less noticeable in arterial sclerosis.

Twenty-five patients, seriously sick, were observed with care, and there was obtained in the twenty-four or forty-eight hours after the beginning of the treatment a veritable urinary flux of 2500 grammes at the least, but amounting generally to 3200 or 3500 grammes; in two cases especially M. Sée obtained 4000 and 4500 during two and four days respectively. As soon as the treatment was suspended the urine returned to its original quantity.

At the end of his communication M. G. Sée formulated the following conclusions:

Lactose constitutes the most powerful diuretic and at the same time the most inoffensive. It is this and this alone which imparts to milk its diuretic property. The other constituents of milk, especially the water and the salts, have no manifest action on the urine, the chloride of sodium does not add to the polyuria due to the sugar of milk, and the salts of potash are but a secondary cause.

Milk in the quantity of two pints does, it is true, produce diuresis, but at the dose of four pints, of which each contains fifty grammes of lactose, it causes at the same time a very evident glycosuria, a passing diabetes. At the same time there is produced a considerable excretion of urea indicating a destruction of the albuminoids. Sugar of milk permits us to avoid all these inconveniences and dangers; one hundred grammes of lactose in solution will produce an enormous diuresis which we could not be certain of obtaining with four or five pints of milk. In the milk the action of the lactose is hindered by the casein and the fat.

The increase of urine resulting from the use of one hundred grammes of lactose exceeds that produced by all other medicaments; it rapidly reaches two and a half pints of urine and increases nearly constantly to three pints and a half, and even four and a half on the third day. After this time it remains stationary or decreases by two and a half pints during several days. During this time the dropsy disappears almost to a certainty, the blood becomes freed from the hydrocarbons, and it is due to this cause that the diuresis is not as intense as at the commencement. We can state that lactose acts in a sure manner in dropsies of cardiac origin, but in those due to a renal trouble the action is more doubtful or even nil. In affections of the heart it fails only in those where the kidney has become involved and when the albumen amounts to o gr. 60 to 0 gr. 90 per pint. As long as the quantity of albumen is a minimum the result is favorable, which leads us to suppose that in these cases there is a simple venous stasis. We can measure by the lactose diuresis the degree of alteration in the kidney.

The diuretic action may be interrupted by causes other than renal. We have present at times a diarrhoea which naturally diminishes the diuresis. In other cases the patients had for a greater or lesser period of time profuse sweats or accidental transpiration which lessen the polyuria, but it soon reappears.

This medicament, as a rule, is perfectly well supported. It should be prescribed during eight or ten days and interrupted for several days, after which it should be repeated. If exceptionally, it should not be well taken, we may add brandy or mint water. We should diminish or suppress all other liquids.

Lactose presents an immense advantage, it permits the patient to take all kinds of aliments, it permits the doctor to prescribe flesh diet, or nutrition in a different way and often indispensable to sustain the failing forces of the patient.

Now, that these facts are acquired, it is necessary to explain the mode of action of this new diuretic, which we may call physiological. We know that the diuretics act often by means of the high blood pressure; here the pulse and pressure remains normal. The alkaline salts are considered as producing their diuresis by their osmotic power. Now, after adding two grammes of potash to the tisane lactosique, there is nothing more than from the lactose alone. We must admit an elective and selective action on the secreting elements of the kidney; it is a physiological renal diuretic.

If we compare it with other diuretics we find the following: Those which augment the pressure, digitaline, convallamarine, strophanthus, and others yet to be determined, act much more fully, less surely, less efficaciously on the dropsies than does lactose. Bucquoy with his traditional loyalty and true scientific spirit recognized the superiority of lactose as compared with strophanthus, the medicament of his adoption.

A second group of diuretics, was the only one well established until now, which includes the renal diuretics, properly called, at the head of which is placed caffein. They form part of a chemical series which commences with xanthine and finishes with caffein. We already know these things:

- That caffein and theobromine are nephritic diuretics like lactose.
- 2. That both act indepenently of the vascular pressure.
- 3. That they have no true action on the heart as has recently been pretended, and in this also they resemble lactose. But caffein produces nervous and cerebral trouble of which lactose has never been guilty.

We have, therefore, in lactose the diuretic of heart affections in the asystolic period, the true curative means for dropsies of cardiac origin, even those which have resisted other agents. During the asystolic period there is another accident more serious, dyspucea, but against this lactose is powerless, and, therefore, its action should be seconded by iodide of potassium. This medicament, which I discovered ten years ago, and which has been stolen from me since with much enthusiasm and perseverance, by changing, under pretext of its toxic effects, the name of potassium into sodium, constitutes by it iodine and potassium the true medicament for the heart and for

the circulation. It only lacks a diuretic power. Combine the iodide and the lactose and you fulfil all indications.

Incontinence of Urine. Cure by a New Operation.

In 1883, a girl, aged fourteen years, was admitted to the Rudolfinerhaus suffering from congenital and continuous dribbling of urine. According to her mother's statement, an unsuccessful attempt at an operation had been made when one year old. Upon examining the genital parts, a normal introitus vaginæ was found, containing an annular hymen. The meatus urinarius was in the normal position, but very wide, forming a fissure, which became gradually more and more shallow, as it extended all the way to the anterior commissure of the labia, between the widely separated halves of the clitoris. The urethra, scarcely I cm. in length, easily admitted the little finger. Of a former operation there was no trace.

This, then, clearly was a case of epispadias, in which the sphincter vesicæ failed to form a complete circle, or had not been developed at all. In the hope of restoring the continuity of the sphincter and thereby its function, I removed a narrow strip of mucous membrane from the anterior or upper wall of the urethra, extending from the meatus to the bladder, and also freshened up the cleft, splitting the clitoris, and united the edges of the wound thus made with fifteen interrupted silk sutures, four of which were inside the urethra.

The wound healed by primary union, and during the first three days the patient's condition was improved, being better able to retain the urine while in the recumbent position. But after four days the old condition had returned, the improvement having been due simply to the swelling of the mucous membrane, temporarily reducing the lumen of the urethra.

The operation devised by my colleague, Dr. Pawlik (Wien. Med. Wochenschrift, 1883) was now done, and at my request, by Dr. Pawlik himself, requiring three sittings. Fourteen days after the last sittings the patient could retain the urine for two consecutive hours, but only in the recumbent posture, whereupon she was discharged.

But in October of the last year the patient, now nineteen years old, and fully grown, returned and applied for readmission, not being satisfied with the result of the former operation; she was able while sitting to hold her water for over an hour, but suffered from constant dribbling while standing or going, and sometimes even while in the lying position.

A new operative plan now became necessary. The sphincter, evidently present only in a rudimentary way, could not be relied on after the failure of the first operation; and the operation of Rutenberg, complete closure of the urethra, with the formation of an abdomino-vesical fistula, could be thought of only as a last resort. I conceived the idea to turn the urethra upon its lineal axis, feeling sure that a urethra thus twisted would be furnished with a reliable *elastic* closure, and that the difficulty of adjusting the firmness of this elastic closure to the strength of the de-

trusor urinæ could be overcome only by experiment upon the patient herself.

The first operation was done October 3, 1888. A circular incision was first made around the orificium exterum urethræ. Proceeding from this cut, the urethræ was separated from the circumjacent tissue, but in such a manner as to leave attached thereto a layer of tissue of considerable thickness, in order not to interfere too much with its nutrition. In this way the urethra was dissected out, until up under the pubic arch, when at last I had before me a tube attached to the neck of the bladder about 2 cm in length. Before beginning the operation a thread was tied in the edge of the meatus in order to mark the position. The urethra thus separated was now twisted around its long axis, in the direction of the hands of a clock, so that its external orifice was turned to the extent of 180°, and fixed in this position by proper suturing, after I had convinced myself that there was no considerable resistance to the passing of an elastic catheter. On the seventh day the sutures were removed, the urethra found fastened in its new position, and continence secured to the extent of

During the following days the continence was improved to the extent, that while lying or sitting, the urine could be retained for several hours and to the amount of ½ liter, but while standing up the dribbling continued as before, thus proving that the elastic resistance of the urethra attained by the operation was still insufficient. Therefore, October 26, three weeks after the first operation, the procedure was repeated, the urethra dissected out to the length of 1 cm. turned 90° further, in the same direction as before and fixed in that position by means of sutures.

Thereupon followed retention of urine for two days, but after this the voluntary voiding of urine became possible. While lying or sitting the urine could be retained to the amount of about 200 ccm: but while walking about for only ten minutes the closure became relaxed, and the result was still far from satisfactory. On November 27, one month after the second, the third operation was undertaken. As before, the urethra, with abundant surrounding tissue, was separated to the length of nearly 2 cm, turned around its long axis in the same direction, and this time 180° further than the second time, and fixed in this position with seven silk sutures, after being convinced that a quite thin elastic catheter could be passed through, meeting with but slight resistance. It will thus be seen that the three operations involved a turning of the urethra to the extent of one and one quarter of a circle, equal to 450°.

After this last operation followed retention of urine lasting for three days. After November 30 the catheter was no longer necessary. On the eighth day the sutures were removed and primary healing had occurred. The urine could be retained for three hours while lying or sitting, and only five minutes while going about, when intense pressure and desire to urinate occurred, but no more dribbling. On December 19, three weeks after the last operation, the patient was discharged. The retaining capacity of the bladder at this time was 500 gr. In two to four hours occurred irresistible pres-

sure and desire to micturate, which, assisted by considerable bearing down effort, required from five to

ten minutes time to accomplish.

About the last of April, 1889, the patient was last heard from, when she reported that she could retain the urine five hours, that the act of urination required four minutes time, and that the quantity voided was about one-half liter.

-Dr. R. Gersuny, Wiener Centrbltt. für Chirurgie, No. 25. June 22, 1889.

PAUL BOURGET believes that pepsin is not so frequently the cause of indigestion as is commonly assumed to be the case; but that on the other hand, there is often a deficiency of hydrochloric acid. He formulates the following conclusions:—

1. Pepsin is very often quite useless in the treat-

ment of gastric affections.

2. The practitioner will do well to pay more attention to the presence of hydrochloric acid. He should ascertain whether it is found in excess, or whether it is abnormally diminished; also whether its secretion is retarded. This knowledge will then furnish valuable indications for treatment.

3. Pyrosis is caused by the formation of lactic acid, and not the routine employment of alkalies.

4. Alkalies should never be administered except at a period when stomachial digestion is already finished.

EXTIRPATION OF THE PANCREAS AND DIABETES.— M. Minkowski has just completed a series of experiments consisting in the complete extirpation of the pancreas in the dog, the rabbit and the pigeon.

The result obtained was a production of a diabetes mellitus. This diabetes which exhibits itself in from ten to twelve hours after the operation, presents in the dog all the symptoms found in the human being; it continues without interruption until death, and, notwithstanding a superabundant alimentation, a progressive emaciation and lack of nutrition is observed.

The authors affirm that the solar plexus as well as the adjoining parts were left absolutely intact, so that the diabetes must be exclusively attributed to the removal of the pancreas.—La Tribune Médicale.

Belgium and her Insane Institutions.—Clark Bell, Esq., *Medico-Legal Journal*, contributes an interesting article on this subject.

It seems that the proportion of insane to the rest of the population is about the same in Belgium as in this country, though they are not confined in asylums, as is well known, but are taken charge of by different families. This method has been productive of excellent results.

In the district of Gheel there are some 1800 insane patients, living one, two, or three in a family, and in eleven years there have been but one case of crime by the insane, only three or four illegitimate births, and only one of these ascribable to a lunatic.

The author admits that there is ordinarily a great | speeches.

difference in temperament between the Belgian and the American, the latter being more unsatisfied, irritable and nervous, yet he thinks that before building more of our costly asylums we should do well to consider the feasibility of introducing this system into the United States. Dr. Blumer, for instance, superintendent of the Utica Insane Asylum, says that about 70 per cent. of his patients could with safety be placed with farmers and others on the Belgian plan.

Contraction After Burns.—J. H. Webb contributes to the *Australian Medical Journal* an article worthy of attention. He claims that in burns of superficial but rather extensive character, and located at points of flexure, radical measures are to be advocated. These lesions are very slow in healing, running away up into the months; and even after the healing process is completed, what is the result? A right angled knee- or elbow-joint or firmly flexed fingers. The parts may be kept straight for months by the use of splints, but as soon as these are removed the inevitable contraction begins, and an unsightly embarrassing deformity occurs.

He cites several cases in point: A match set fire to a man's trousers, and the skin covering the popliteal space, that of the lower fourth of the thigh and of half the calf of the leg was charred, so that it sloughed away. After lying in bed some nine months with his leg in splints the man was dis-

charged, his leg being straight.

He shortly reappeared among the out patients with this member at a right angle. He was again admitted, tenotomy practised, the patient finally leaving the hospital worse than before. Long before, he had lost his first good position as foreman in an oil warehouse, and now, on account of this troublesome and unwieldy right-angled leg he could find no employment except that of time-keeper in an establishment at a mere pittance. To complete his history of woe, a boy one day ran against the leg that stuck out from the artificial one and the man sustained an extra capsular fracture of the thigh. Result—three more months in a hospital. His affairs now became involved, he lost his house, and is now a "hopeless, helpless, poverty stricken cripple."

Several similar cases are related by the author, who closes by asking whether immediate amputation would not be far preferable, and whether in view of the ultimate and common results of large superficial burns, surgeons are not generally too much inclined to con-

servatism for the real good of the patient.

SURGICAL NOTES.—The Brooklyn Throat Hospital, a new institution incorporated a few months ago, was formally opened Wednesday, June 19. There were a great many prominent physicians present. After thoroughly inspecting the hospital, which is located on the corner of Bedford Avenue and Fifth Streets, the guests adjourned to Hotel Bosworth, where dinner was served, followed by speeches.

Medical News and Miscellany.

Edison says that an alternating current of 1000 volts is certain death.

NEURALGIA of the supra-orbital nerve is often caused by eating ice-cream too fast.

Dysentery prevails epidemically at Carthage, Ill., and at Hamilton, Canton, and Kohoka, Mo.

DR. GEORGE F. SHRADY, editor of William Wood & Co.'s *Medical Record*, has a cottage at Pine Ridge in the Catskill Mountains.

Dr. F. W. Mcrae assumes the management of the *Atlanta Medical and Surgical Journal*; one of the best journals in the South.

WHILE gathering a small crop of hay on his farm, near Newport, Del., Dr. Alexander Irons, a retired practitioner, died of sunstroke.

Russia has fixed doctors' charges. Physicians making \$450 per year will get 45 cents per visit; others 25 cents. In country towns 10 cents is the usual charge.

DR. EDMUND S. T. ARNOLD, of New York, has a cottage at Newport, but it is understood that he has been obliged to close it this summer on account of the illness of his daughter.

A NEW hospital is to be placed in the Annexed District, New York, north of One Hundred and Seventy-fifth Street, near Third Avenue. The ambulance corps will respond to all calls north of the Harlem.

DR. EDWARD FRANKEL, of New York, after a service of fifteen years as visiting surgeon to Charity Hospital, has been appointed consulting surgeon to that institution by the Commissioners of Charities and Corrections.

THE *Doctor*, New York City, devoted to the physician in his relations to the community, and to physical development, dietetics and hygiene, price \$1.00 per year; with the TIMES AND REGISTER, and DIETETIC GAZETTE, \$3.00.

The medicinal treatment for gout, now almost universally recommended for whoever has it, has been enjoined upon the Queen by her physician, Sir William Jenner. She must give up champagne and claret, and drink whiskey and Apollinaris.—*Times*.

ONE of the most charming of the ladies' magazines is "The Home-Maker," edited by Marian Harland. In the August number the editor contributes "A Word to Wives," and a very sensible word it is; like all Marian Harland's words. "Pet Lore for Pet-Lovers," by Walter Satterlee, will be appreciated by many who love the so-called inferior animals.

All the articles are much shorter than magazine articles usually are, and let us say that it is a very difficult matter to fill a journal with short articles, as acceptably as those before us. The magazine is published monthly by the Home-Maker Co., at 19 West Twenty-second St., N. Y., at \$2 per annum.

WORD comes from Norwich, Conn., that Dr. M. H. Mason, one of the oldest and most popular physicians in that place, will sell the old homestead, Riverside, which has been in his family for many years. The climate of Norwich is unfavorable to the doctor's son, so another place of residence is to be chosen.

THE Philadelphia Board of Health has taken steps to correct the system of death registration, by which the wards in which hospitals are located are credited with the deaths that occur in the hospitals. A regulation was adopted directing that death certificates from hospitals shall give the residence of the deceased.

THE drop-a-penny-in-the-slot water coolers found here and there throughout the city will hardly become popular, at least with the intelligent; for no one who knows a tithe of the danger in drinking from a public cup, will put his lips to one without a careful washing of it. But as for these cups, scarcely enough water comes from the cooler to fill the vessel, not to speak of rinsing it.

A MOTHERS' AID SOCIETY has been formed in Philadelphia for visiting sick poor children and getting them out to the Park. The following young ladies are members: Miss Belle MacKenzie, of South Thirty-sixth Street; Miss Kate Birmingham, of Haverford Road; Miss Ellen Martyr, of North Fortieth Street, and Miss Bessie King, of North Thirty-ninth Street.

The death of Dr. J. Lewis Smith, Jr., of New York, on Monday, July 8, of heart failure, cut short a promising career. His father is clinical professor of diseases of children at the Bellevue Hospital Medical College, where the younger man received his diploma in 1884. At the time of his death Dr. Smith held a position in the New York Infant Asylum and also gave his services in the out-of-door department of Bellevue Hospital.

DR. CORNELIUS J. DUMOND, of New York, who was sued not long ago by Gerritt Smith, on the ground that the doctor had treated him unskilfully, has secured a victory. At a trial before a justice and a jury, a verdict for \$1000 damages was given the plaintiff, but the judgment has just been reversed by the General Term of the Supreme Court. The judges declared that there was not the least evidence of unskilful treatment, and a new trial was ordered.

TYPHOID IN KENSINGTON.—Cesspools that have not been cleaned within the memory of the oldest inhabitant, sewers that empty their decomposing and noxious materials into the Delaware at the water's edge and a water supply pumped from the same river within two hundred yards of the mouth of one of the largest and foulest of these sewers, form a combination of causes that would account for epidemics enough to depopulate the district. No intelligent person can read Dr. Randle's report without arriving at the conclusion that the typhoid, like the poor, will be always with the people of Kensington while present conditions exist.—*Times*.

* The leading question with trained nurses just now is, whether their employers are justified in requiring them to take their meals with the servants. There is but one answer to this question: "Certainly not!"

Dr. James P. Boyd, of Akron, Ohio, has been recreating at "The Prospect," Asbury Park. Mrs. C. A. Child, the proprietress of this hotel is a wellknown New Yorker, and her house is one of the best in Asbury Park. It is situated on Wesley Lake. The guests are entitled to free boats, and are supplied with water from a fine artesian well.

THE statements of William Walter, an attendant at the Blockley Hospital, concerning the manner in which post-mortem examinations are held in that institution cannot but harrow the feelings of persons whose unfortunate friends have died in the hospital, and whose bodies have passed under the surgeon's knife. "After a 'post' I generally collect all the the parts that belong to the bodies," Walter said. "When I come to the last one, if there is anything left over I put it in there. Sometimes there are three 'posts' at one time, and I find it difficult to keep track of the organs, but I put them back as near as possible.—Record.

DR. LAURENCE JOHNSON, of New York, is making an ocean voyage this month, returning immediately by the steamer on which he sails from this port. It was expected that the ceremony of laying the cornerstone of the new building of the New York Academy of Medicine would take place on July 17, and Dr. Johnson was to deliver the address, but masons and contractors decreed otherwise, and the date was changed to the 23d inst., so that, unfortunately, Dr.

Johnson will not be present.

It is doubtful when the new building of the New York Academy of Medicine will be ready for its members. The optimists say in eighteen months, the pessimists place the shortest time at two years. The Academy has 40,000 volumes, and is the second medical library in the United States, the largest being the Library of the Surgeon-General at Washington. There will be space in the new building for 200,000 volumes. The Academy did at one time entirely depend upon donations, but of late it has bought nearly all its books. The Societies and the Sections of the Academy meeting at the Academy, at present, are the Medico - Chirurgical Society of German Physicians, the Surgical Section, the Section on Ophthalmology, the New York County Medical Society, the Neurological Society, the First District Dental Society, the Section on Practice, the Odontological Society, the Section on Laryngology, the Physicians Mutual Aid Society, the New York Surgical Society, the Section on Pediatrics, the Society of Medical Jurisprudence, the New York Academy of Medicine, the Section on Obstetrics, the Section on Public Health, the Neurological Section, the Section on Orthopedics, and the Therapeutical Section.

All papers in competition for the annual prize of \$100 offered by the Medical Society of the County of New York, to be written by members of that Society, must be submitted by October 1, at the latest.

NEW YORK has a night medical service, which provides free attendance to all who apply at the police stations for it. A number of physicians are on the list at each station, to whom the applicants are referred, and who receive \$3 per visit from the city for their services. The scheme is due to Dr. Nachtel, who originated it and had it adopted, through the assistance of the N. Y. Times. At first the calls were frequent; but as the newspapers ceased to discuss the matter, it seems to have passed out of mind; and now but few calls are made upon the stations. We would like to see the same plan instituted in each of our great cities. Too often the burden of attending such cases falls, most unfairly, on the physicians, who are called up from their beds to attend such persons, without any recompense. Every physician does in his ordinary practice an amount of charity, which, in proportion to his means, greatly exceeds the benefactions of a Child or a Vanderbilt. He should not be expected to perform a duty for which the city should provide.

MEDICAL JOURNALISM.—A great deal of activity towards centralization has been lately apparent in the circles of medical journalists in other countries than our own. For example, the French medical journals have formed a Medical Press Association, with the object of the protection of their own interests. In the United States also a similar movement has been taking place. The Philadelphia Medical Times, the Dietetic Gazette, and the Medical Register have amalgamated, and these in combination are published as one journal, THE TIMES AND REGISTER, by the Medical Press Company. America is a large country and England is a small one, and hence no such scheme of amalgamation is possible, nor by any means desirable, as far as the journals devoted to medical topics in this country are concerned. In some respects our neighbors' example in this matter on the continent and in America might be worth adopting, but we should not be very much disposed to make the experiment.—Med. Press and Cir.

DISCOVERY OF AN ASSYRIAN LIBRARY THREE THOUSAND FIVE HUNDRED YEARS OLD.—The Victoria Institute held its annual meeting, before a large audience, at Adelphi Terrace, July 1st, Capt. Francis Petrie, the honorary secretary, read the annual report, which showed that there were now more than 1300 members of the Institute. A most interesting paper by Prof. Sayce was the feature of the occasion. It was chiefly an account of ceriain Babylonian discoveries that have lately been made, which show that fifteen centuries before our era there was an active literary intercourse going on throughout the civilized world of Western Asia, chiefly by means of the Babylonian language and script. Great libraries were collected formed of clay tablets, with cuneiform inscriptions. The archives discovered treat mainly of the conquests of Amenophis III., also throwing much light on the contemporaneous history of adjacent countries. Prof. Sayce hopes that there may yet be found in the sands of Syria and Palestine more of these treasures of such priceless value to our knowledge of those times.

FATHER FIELD, of St. Clements, pays the following tribute to the Red Cross workers at Johnstown: "There are a large number of persons sick and requiring medical treatment. The Red Cross Hospital, of the Philadelphia Branch of the Red Cross, is doing splendid work. Their camp hospital is a picture of neatness and order. The doctors are kept busily employed in attending to dispensary patients and those in tents. They need more mattresses. It is acknowledged on all sides here that the Red Cross, under the management of Miss Clara Barton and the medical staff from Philadelphia, are doing the real charitable work. Money sent to them will not be wasted or misapplied."

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 30, 1889, to August 5, 1889.

SEITH, ANDREW K., Colonel and Surgeon. Is granted seven days leave of absence, by the direction of the Acting Secretary of War. Par. 12, S. O. 178, A. G. O., August 3, 1889.

HALL, WILLIAM R., Captain and Assistant-Surgeon. Is granted ten days leave of absence. Par. 3, S. O. 80, Head-quarters Department of Dakota, July 27, 1889.

ROBINSON, SAMUEL Q., Captain and Assistant-Surgeon. The leave of absence granted for two weeks, by par. 11, S. O. 165, from these headquarters, is hereby extended ten days. Par. 8, S. O. 172, Headquarters Division of the Atlantic, July 30, 1889.

MAUS, LOUIS M., Captain and Assistant - Surgeon. Is duty at Gulf Quarantine Station hereby granted leave of absence on surgeon's certificate of temporary duty, August 3, 1889.

disability. Par. 2, S. O. 173, Headquarters Division of the Atlantic, August 1, 1889.

By direction of the Secretary of War, so much of paragragh I, S. O. 159, July 21, 1889, A. G. O., as directs Captain Louis Brechemin, Assistant-Surgeon, to return to his station at the close of the encampment of the Illinois National Guards is amended to direct him to report in person not later than August 20, 1889, at Fort Robinson, Neb., for duty at that place. S. O. 174, Headquarters of the Army, A. G. O., Washington, July 30, 1889.

ington, July 30, 1889.

HARRIS, H. S. T., First Lieutenant. The leave of absence granted in S. O. 140, A. G. O., June 18, is further extended two months.

Changes in the Medical Corps of the United States Navy for the week ending August 3, 1889.

BRYANT, P. H., Assistant-Surgeon. Ordered to temporary duty on iron-clads, Richmond, Va.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ending August 3, 1889.

HUTTON, H. H., Surgeon. When relieved at Mobile, Ala., to assume command of the Service at Baltimore, Md., July. 23, 1889

PURVIANCE, GEORGE, Surgeon. When relieved at Baltimore, Md., to assume command of the Service at Philadelphia, Pa., July 24, 1889.

GASSAWAY, J. M., Surgeon. Ordered to New Orleans, La., for temporary duty, August 2, 1889.

GOLDSBOROUGH, C. B., Snrgeon. Granted leave of absence for thirty days, July 29, 1889.

VAUGHAN, C. B., Assistant-Surgeon. Orders to Norfolk, Va., revoked, to proceed to Cario, Ill., for temporary duty, August 1, 1889.

GROENEVELT, J. F., Assistant-Surgeon. Relieved from duty at Gulf Quarantine Station; order to Mobile, Ala., for temporary duty, August 3, 1889.

The Ins and Outs of a Dilemma.

THE "INS" of the Infant Food Dilemma are the parties who are at present trying to imitate

Nestle's Milk Food for Infants.

The "OUTS" are the clear-headed and well-read practitioners, who have used Nestlé's Food for many years, and know that when Cholera Infantum begins its savage onslaught on infant life in our large cities, Nestlé's Food is alone to be prescribed.

These men are in No DILEMMA; they prescribe Nestlé's Food from June to September. As the present summer will probably be a very hot one, make a note of above. Samples sent on application to

THOMAS LEEMING & CO.,

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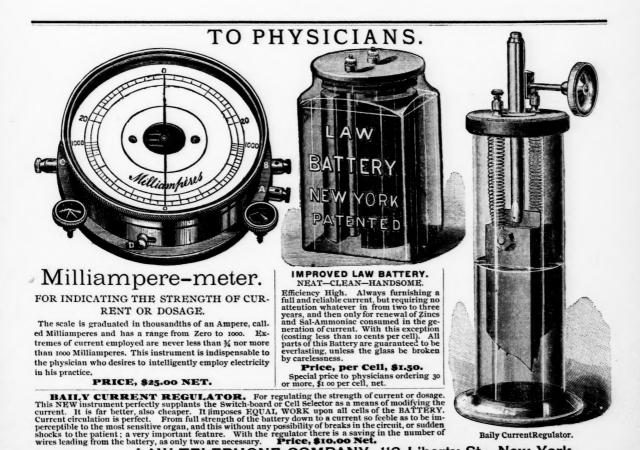
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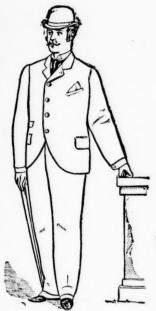
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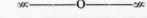
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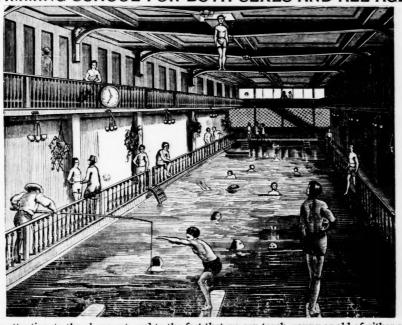
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Peptonizing Tablets.

Cascara Sagrada.

Glycerin Suppositories. 95 per cent Glycerin. If you use Cocaine you must know the advantage of being able to prepare readily a fresh solution of any desired strength. This can be done instantaneously by our soluble Cocaine Muriate Tablets, 2 1-4 and 1 1-8 grains, put up in vials of 12 and bottles of 100, with directions as to how many tablets to use in making solutions of desired strength. You will find them very convenient.

YOU no doubt employ, when indicated in summer diarrhoea, anodynes and astringents. We would commend to you for trial two eligible ones which we make, and which have been used with much success. We refer to Chloranodyne, an efficient combination of anodynes and antispasmodics, and fluid extract Coto Bark, the valuable astringent properties of which render it of great service in restoring tone to the relaxed mucous membrane and in checking the excessive discharge.

THESE Tablets afford a very convenient and ready method for the administration of Pepsin. In this form Pepsin suffers no loss in peptic or digestive power with an insoluble salt of bismuth, such as the subnitrate. When combined with bismuth and ammonium citrate, in mildly alkaline solutions, the activity of the Pepsin is entirely destroyed, and acidification fails to restore its lost energy.

ACH Tablet contains Pepsinum Purum 3-10 grain, Pure Pancreatin 3-10 grain, Lactic Acid, Hydrochloric Acid, Maltose and Diastase.

SED for preparing peptonized milk, gruel and beef tea.

A UTHORITIES agree in regarding Cascara bark that has been aged for at least a year, as alone eligible for use in manufacture. Preparations made from bark thus aged are free from the irritant properties of the fresh bark. It is well known that the scarcity of Cascara has led to the use by some manufacturers of the fresh and irritant bark. In this connection it gives us pleasure to assure physicians that all our preparations of Cascara are made from properly aged stock, of which we have on hand an abundant supply.

THIS ready means of securing defecation is likely to become very popular. It is a great improvement over the injection of the glycerin, and quite as efficacious. To those physicians who have not employed them, we commend their early trial, and to this end we will furnish samples free on request. In prescribing we ask physicians who desire to use a reliable, active product to specify glycerin suppositories of our manufacture.

Circulars and all Desired Information Regarding Our Preparations Furnished on Request.

PARKE, DAVIS & CO.,

Manufacturing Chemists,

DETROIT AND NEW YORK.

